**UCSF/John A. Hartford Center of Geriatric Nursing Excellence**

**Fall 2016 Education, Research & Leadership Development Scholarships**

The UCSF/Hartford Center of Geriatric Nursing Excellence (UCSF/HCGNE) is pleased to announce the availability of UCSF/HCGNE Student Scholarship Awards. These awards are intended for UCSF graduate students who demonstrate financial need and a commitment to the advancement and improvement of the care of older adults.

**Maximum Award:** $6,000

**Award Categories**

* **Educational Expense Award:** For graduate study education expenses (e.g., fees, books, course materials)
* **Research Expense Award:** For research related expenses (e.g., Software, supplies, transcription services). *Award funds cannot be used for study personnel salary.*
* **Leadership Development Award:** For registration fees and travel expenses to attend a professional GERONTOLOGY meeting or conference.  *Presentation at the event is not mandatory but is given higher priority.*

**Award Eligibility**

1. Students currently enrolled in a UCSF School of Nursing graduate program (MS, Doctoral, or Post-Doctoral).

2. Evidence of a commitment to the care of older adults regardless of specialty or department.

3. Cumulative GPA ≥ 3.5

4. Documented financial need.

Priorities for award funding are as follows:

First Priority: Students with documented financial need who *are not currently receiving financial aid* (e.g., Hartford or Moore scholarships, NRSA, AHRQ, UCSF employee tuition/fee reductions, or other sources of funding).

Second Priority: Students who can document financial need who *are currently*

*receiving financial aid*

**Conditions of Award**

**Educational Expense Award**: Awardee is expected to actively participate in UCSF/HCGNE education/networking event.

**Research Expense Award:** Applicants must present either a clinical or research paper or a research poster at a regional or national conference. Additionally, Awardee is expected to present scholarly work at a UCSF/HGCNE event such as Trailblazing Talk in Gerontology. Awardee must acknowledge the support of UCSF/HCGNE funding in their presentations or publications.

**Leadership Development Award:** Awardee is expected to serve on the UCSF/HCGNE Student Advisory Board and/or actively participate in UCSF/HCGNE activities/events including, but not limited to, planning and executing professional education/networking event.

**Scholarship Application Components:**

***Part I – Award Type Selection***

***Part II – Applicant Information***

***Part III – Statement of Professional Direction***

***Part IV – Budget***

***Part V – Evidence of Financial Need***

***Part VI – Faculty Letter of Reference***

**Please submit your application no later than 5 PM on November 28th, 2016 to:**

Rachel Goldberg, Clinical Research Coordinator

**Email**: hartford.cgne@nursing.ucsf.edu

**\*please submit all application materials (including Statement of Professional Direction) as a single PDF document**

**\*\*Incomplete or late applications will not be considered\*\***

Applications will be reviewed and evaluated by the UCSF/HCGNE Scholarship Committee. Awardees will be notified no later than **December 16th, 2016.**

**Part I: Award Type Selection**

NOTE: May apply for only one type of award

\_\_\_\_ **Educational Expense Award**

Acceptable requests for this category: school fees, books, supplies

**Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OR***

\_\_\_\_ **Leadership Development Award**

Acceptable requests for this category: conference registration fees, conference travel expenses (ground transportation, airfare, lodging, meals [at per diem rate]).

**Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OR***

\_\_\_\_ **Research Award**:

Acceptable requests for this category: Research project expenses such as data collection, transcription, consumable supplies, statistical analysis and/or consultation. Funds may not be requested for RA/personnel salary.

**Amount requested**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II: Applicant Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Current program (MS, PhD, Post Doc)** \_\_\_\_\_\_\_\_\_\_

**Year in the program** \_\_\_\_\_\_\_\_\_\_

**Current Cumulative GPA** (per current transcript): \_\_\_\_\_\_\_\_\_\_

**Student User ID # for transfer of funds (starts with SF)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment**

Current Job Title/Dates of Employments/Brief Description:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past geriatric/gerontology relevant Job Title/Dates of Employment/Brief Description

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**Professional and Volunteer Activities**

Please list significant and relevant extracurricular/volunteer/community activities you have been involved in or are currently involved in below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Presentations, publications and non-monetary awards you have received in the last 5 years**

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**Part III: Statement of Professional Direction**

**Submit a one-page (*no more than 250 words*) statement in support of your application.**

**In your statement, please address the following:**

1) Describe your educational trajectory to date and how it has involved care of older adults

2) Articulate your gerontological nursing specific career goals

3) Describe how this award will impact your education and career goals

4) Describe current and proposed gerontological nursing leadership goals

**Part IV: Budget**

Please complete ***only one budget*** based on your award category.

|  |  |  |
| --- | --- | --- |
| **Educational Expense Award** | | |
| ***Expense Category*** | ***Projected Expenditure*** | ***Description*** |
| **School Fees** |  |  |
| **Books and Supplies** |  |  |
| **TOTAL** | **$** |  |

***OR***

|  |  |  |
| --- | --- | --- |
| **Research Expense Award** | | |
| ***Expense Category*** | ***Projected Expenditure*** | ***Description*** |
| **Technology Supplies and Resources** (such as software) |  |  |
| **Consumable Research Supplies** (poster production) |  |  |
| **Research Fees** (e.g., consultation fees, transcription expenses)  (*Please itemize)* |  |  |
| **TOTAL** | **$** |  |

***OR***

|  |  |  |
| --- | --- | --- |
| **Leadership Development Award** | | |
| ***Expense Category*** | ***Projected Expenditure*** | ***Description*** |
| **Conference registrations/fees** |  |  |
| **Hotel/**  **Accommodations** |  |  |
| **Travel** |  |  |
| **Transfers** |  |  |
| **Meals** |  |  |
| **TOTAL** | **$** |  |

**Part V: Description of Financial Need**

**Awards Since Enrollment in Graduate Program**

|  |  |  |
| --- | --- | --- |
| ***Past Awards*** | ***Current Awards*** | ***Pending Awards*** |
|  |  |  |
| **Total $:** | **Total $:** | **Total $:** |

**Educational Loans**

|  |  |  |
| --- | --- | --- |
| ***Past Loans*** | ***Current Loans*** | ***Pending Loans*** |
|  |  |  |
| **Total $:** | **Total $:** | **Total $:** |

**Below, please provide a brief (less than 100 words) narrative statement of your financial need.**

**Part VI: Faculty Letter of Reference**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** is an applicant for the HCGNE Fall 2016 Scholarship Award to assist gerontological nursing students with their educational and professional advancement. **Applications will not be reviewed without a faculty reference.**

**Please address at the minimum the following:**

* How long have you known the applicant?
* What is the nature of your relationship to the applicant?
* What is the current level in the educational program?
* Is the student expected to graduate on time from current educational program?
* **Please describe briefly why this applicant should be considered for this award. The Scholarship Committee is particularly interested in:** 
  + Likelihood of the applicant successfully completing their current educational program and contributing to the advancement of care for older adults.
  + The applicant’s demonstrated or potential to be a leader in gerontological nursing.

Please complete this form or send a letter by **5:00 p.m. on November 28th, 2016** via email

Rachel Goldberg, Clinical Research Coordinator

**Email**: hartford.cgne@nursing.ucsf.edu

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**