



**Nursing Working Group Tuition Fund**

I, \_\_\_\_\_ understand I must be employed within a federally-funded hemophilia treatment center (HTC) for a minimum of 12 months prior to application. I understand I must submit a letter from the HTC verifying employment in good standing and a letter from the HTC promising availability of continued employment upon completion of my studies. I understand I must be accepted to and attend an accredited nursing program. For each year funded a scholarship, I will continue working at an HTC: one year post graduation (BSN nursing scholarship) or 1.5 years post-graduation (NP-MSN/DNP scholarship) per year of scholarship. If I leave the HTC system before that time, I will be required to refund monies. I understand I must maintain a 3.0 GPA in all nursing classes to receive reimbursement and further funding. I understand I will have to provide a progress report on completion of each semester of coursework showing verification of GPA.

Date \_\_\_\_\_ Electronic Signature (type name) \_\_\_\_\_

Name  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Above address is home or work

Telephone  
Home \_\_\_\_\_  
Mobile \_\_\_\_\_  
Work \_\_\_\_\_

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

RN License Number: \_\_\_\_\_

HTC Affiliation  
HTC Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

HTC Supervisor:  
Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name of University/College:

Program Name:

Degree Sought:      BSN                              NP                              DNP

Anticipated graduation date:

Amount Requested per Semester:

Anticipated length of funds requested (up to two years):

Are you currently enrolled in one of these programs? (please check)

BSN

NP

DNP

PhD

If so, please provide documentation of successfully completed courses with grade point average.

List all other funding you will be receiving from other sources:

Sources:

Amount

**1. History of participation in bleeding disorder community**

*Locally (example: fund raising for HTC), Regionally: (example involvement in planning regional meeting), Nationally (example: participation in NHF meeting or work groups), Internationally (example: presentations at international meetings)*

**2. Certification**

**National – non-hemostasis (ANCC, ANPP, etc.)**

**Hemostasis**

**3. Professional Society Involvement**

**4. Research Participation**

Nursing

Non-nursing

**5. Nursing experience within HTC Community**

**6. Publication Experience**

**7. Volunteer Experience**  
Within HTC Community

Outside HTC Community

**8. Personal Statement**  
Vision for future in nursing within HTC

**9. To this application, please attach:**

- Letter from institution (HTC) verifying employment in good standing
- Letter from institution (HTC) of availability of continued employment upon completion of studies
- Letter from employer specifying tuition remission or reimbursement they cover or a letter stating they do not cover tuition remission or reimbursement.
- Proof of acceptance to an accredited nursing program
- If applicable, documentation of successfully completed advanced degree courses including name or course, course number, start date, end date, and grade point average.

**This application is due May 1, 2017.**

**Please submit it via email to Morgan Johnson at [mjohnson@hemophilia.org](mailto:mjohnson@hemophilia.org).**