

American Association of Critical-Care Nurses
Greater Cincinnati Chapter (AACN-GCC)
P.O. Box 19122
Cincinnati, Ohio 45219

Scholarship Application Form B

Name:

Local AACN-GCC #:

National AACN #:

Address:

City:

State:

Zip:

Phone #: Home

Work

Place of Employment:

Choose one of the following:

I am requesting \$ _____ for the completion of the following education activity: _____ .
Proof of completion & Copy of flyer is required. Attach to this application.

I am requesting \$ _____ for the purchase of a professional book entitled _____ or
 professional journal entitled _____
Proof of purchase is required. Attach to this application.

I have successfully completed the certification exam entitled _____ and am requesting
\$ _____ to pay for the certification application fee. Certification #: _____ Exp Date: _____
Proof of successful completion is required. Attach to this application.

Signature:

For Scholarship Committee Use Only:	Date:
Year of scholarship request:	
Active GCC Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scholarship points earned:	
Amount of funds requested:	
Scholarship points used:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
If rejected, note reason:	
Scholarship Committee Chairperson Signature:	
Date Sent to Treasurer:	