

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

NTI Scholarship Application Form C
AACN-GCC Members

Name:

Local AACN-GCC #:

National AACN #:

Address:

City:

State:

Zip:

Phone #: Home

Work

Place of Employment:

NTI Dates:

Location:

Signature:

For Scholarship Committee Use Only:

Date:

Year of scholarship request:

Active GCC Member: Yes No

20 scholarship points accumulated: Yes No

Attended 2 AACN-GCC workshops: Yes No

Verification of payment: Yes No

Approved Rejected

If rejected, note reason:

Scholarship Committee Chairperson Signature:

Date Sent to Treasurer: