

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

NTI Scholarship Application Form D
AACN-GCC President and Workshop Chair

Name:

Local AACN-GCC #:

National AACN #:

Address:

City:

State:

Zip:

Phone #: Home

Work

Place of Employment:

NTI Dates: Location:

Transportation: Airlines
 Drive rental or private vehicle

Hotel Stay: Saturday through Wednesday
 Sunday through Thursday

Signature:

For Scholarship Committee Use Only:	Date:
Year of scholarship request:	
Active GCC Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of registration payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of hotel payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy of transportation payment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
If rejected, note reason:	
Scholarship Committee Chairperson Signature:	
Date Sent to Treasurer:	