



Nurse Practitioner Healthcare Foundation

Improving Health Status and Quality of Care through Nurse Practitioner Innovations

2019 NPHF / Astellas Promoting Heart Health Across the Age Span Award Program

Eligibility Form

Provides five awards of \$4000 each to nurse practitioner or DNP graduate students or practicing nurse practitioners with a clinical, research or educational project on promoting heart health in the United States. (Project development and implementation \$3000; after project completion, \$1000 for dissemination of outcomes.) **Application deadline is February 15, 2019.** Winners will be announced March 29, 2019.

Requirements:

1. Applicant must be a Nurse Practitioner or DNP Graduate Student, or a practicing Nurse Practitioner.
2. Grant recipients will be required to submit a status report by September 9, 2019 and a final report upon project completion with a copy of all products (publications, DVDs, slides, etc.) that are a result of this project by December 16, 2019.
3. Project must be completed by December 16, 2019.

Eligibility:

Before submitting an application to the NPHF for this award, please complete the eligibility checklist and read the FAQ's posted online. You must answer YES to criteria #1 and NO to #2-4 in order to qualify. Check box.

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| 1. Are you a U.S. citizen or a permanent U.S. resident? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Are you a member of the NPHF Board of Trustees, or a relative of a member of the NPHF Boards? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Are you an employee or a relative of an employee of Astellas? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Have you ever received an NPHF scholarship or award in the past? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 5. Have you received funding for this project elsewhere? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
- Amount \$ _____

Instructions: Read the FAQ's before starting the application.

1. Download the Application Checklist and necessary forms for the Award.
2. Enter your responses directly into the spaces provided.
3. Enter your name in the lower right hand corner of each page in the space provided.
4. Print the completed forms and sign where indicated.
5. Obtain all other signatures necessary. Handwritten or incomplete applications will not be accepted. **ONCE SUBMITTED, APPLICATIONS MAY NOT BE REVISED.**
6. **DO NOT** include additional sheets, except where specific documents are requested or answers to specific questions require additional pages. Stay within the required word count specified.
7. Collate and **paper or binder clip** application materials. **Be sure to mail the original plus 2 copies.**
8. Attach the completed and signed Application Checklist to the front of the original application.
9. Mail your applications to the address below. **DO NOT SEND CERTIFIED OR SIGNATURE REQUIRED.** Faxed or emailed copies will not be accepted.
10. Applications postmarked after the deadline of February 15, 2019 will not be reviewed.
11. If you have any questions, please contact Pam Jenkins, MS, NP, Program Director at: pamjw@nphealthcarefoundation.org

Please mail the completed forms and required documents to:

Pam Jenkins, MS, NP
NPHF/Astellas Award
14315 Mountain Quail Road
Salinas, CA 93908

Name