



NAPNAP Foundation, 20 Brace Road, Suite 200, Cherry Hill, NJ 08034-2634 P.856-857-9700 F. 856-857-1600

RECKITT BENCKISER SPONSORED ACTIVE MEMBER APPLICATION FORM

I. Personal Data

A. Name: _____

Address: _____

Home #: _____ Email: _____

B. Are you certified? ____ YES ____ NO

If YES, by whom? _____

C. 1. Are you currently employed as a PNP?

____ YES. Describe your current job responsibilities: _____

____ NO. Specify reason: _____

2. Number of hours per week worked as an advanced practice nurse in pediatrics: _____

3. Number of years employed as an advanced practice nurse in pediatrics since completion of educational program: _____

4. Current place & address of employment: _____

II. NAPNAP Involvement (Answer all appropriate questions.)

A. NAPNAP membership number: _____

B. National NAPNAP activities/committees: _____

C. Are you a member of a NAPNAP chapter?

YES _____ Chapter: _____ NO _____

D. Do you hold office/participate in a committee in your NAPNAP chapter?

YES _____ NO _____

____ Elected Officer (Specify) ____ Committee Chair/Member (Specify)

Office/Committee / _____
Year

III. Membership/Activity in Professional Organizations - Please list all professional organizations you have been a member of and indicate any founding or leadership roles you have held.

| <u>Name of Organization</u> | <u>Position or Role in Organization</u> | <u>Dates of Membership</u> |
|-----------------------------|---|----------------------------|
| | | |
| | | |

IV. Community Service - Please list all child-focused community service projects or experiences in which you have participated.

| <u>Program/Project</u> | <u>Position or Role in Program</u> | <u>Dates of Service</u> |
|------------------------|------------------------------------|-------------------------|
| | | |
| | | |

V. Financial Data

A. Total Taxable Income last year (Jan-Dec) - Indicate the figure reported to IRS and check appropriate line.

____ Self ____ Self & Spouse

- | | |
|------------------------------|-------------------------------|
| (1) ____ Less than \$20,000 | (7) ____ \$45,001 - \$50,000 |
| (2) ____ \$20,001 - \$25,000 | (8) ____ \$50,001 - \$55,000 |
| (3) ____ \$25,001 - \$30,000 | (9) ____ \$55,001 - \$60,000 |
| (4) ____ \$30,001 - \$35,000 | (10) ____ \$60,001 - \$65,000 |
| (5) ____ \$35,001 - \$40,000 | (11) ____ \$65,001 - \$70,000 |
| (6) ____ \$40,001 - \$45,000 | (12) ____ Over \$70,000 |

VI. Primary Reason for applying for this Scholarship

A. ____ Financial Need B. ____ Lack of Available Continuing Education C. ____ Both

Explain: _____

VII. Benefits of Attendance - Please answer on separate page and limit response to one page.

A. Benefits: Discuss how attending this continuing education conference will enhance your professional development and goals.

I acknowledge that the information submitted in this application is correct.

Signature

Date