



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

**RECKITT BENCKISER SPONSORED STUDENT APPLICATION FORM**

**I. Personal Data**

A. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Home #: \_\_\_\_\_ Email: \_\_\_\_\_

B. RN License #/State: \_\_\_\_\_ (Attach copy)

**II. PNP Program Information:** Attach a letter signed by the faculty member/director who coordinates the PNP Programs stating that the student is enrolled and in good standing.

Name of Program: \_\_\_\_\_  
 Type of Program: Master's \_\_\_\_\_ Post-Master's \_\_\_\_\_ DNP \_\_\_\_\_

**III. Current GPA in PNP Educational Program \_\_\_\_\_**

**IV. Education Background**

<u>School</u>	<u>Degree</u>	<u>Date of Completion</u>

**V. Professional Pediatric Employment** - Please list current employer first and include all PEDIATRIC employment for the last 10 years.

<u>Employer</u>	<u>Position</u>	<u>Date of Employment</u>

**VI. NAPNAP Involvement** (Mark all appropriate boxes).

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

\_\_\_\_\_/\_\_\_\_\_  
Office/Committee Year

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

<b>Name of Organization</b>	<b>Position or Role in Organization</b>	<b>Dates of Membership</b>

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

<b>Program/Project</b>	<b>Position or Role in Program</b>	<b>Dates of Service</b>

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

## **APPLICATION CHECKLIST**

*(Please return this form with your application)*

\_\_\_\_\_ Application form with all sections completed

\_\_\_\_\_ Documentation of RN license

\_\_\_\_\_ Letter documenting enrollment and good standing in a PNP program, signed by the faculty coordinator or director of the program