



NEW YORK CHAPTER

**IAFN-NYS Chapter
Member Scholarships & Funding Application**

Complete all sections and submit to IAFN-NYS Chapter: iafnnys@gmail.com

Name: _____ Email: _____

Address: _____ Phone #: _____

Place of Employment/ Educational Institution: _____

Does your employer/ organization provide funds for training? Yes No

If yes, have you requested those funds? _____

Summary of your current work in forensic nursing field: _____

How will this funding personally enhance your forensic nursing practice? _____

Describe your community and the impact this educational funding will have on that community: _____

Describe your plan for sharing and disseminating knowledge gained with others: _____

Describe the reason you are requesting financial assistance: _____

What differentiates you from other candidates? Why should you be awarded a scholarship this year? _____

of Years IAFN Member: _____ / # of Years NYS Chapter Member: _____

Is your IAFN Membership current? Yes No Expiration Date: _____

Is your IAFN- NYS Chapter membership current? Yes No Expiration Date: _____

Have you received NYS Chapter-IAFN Funding Previously? Yes No

If Yes, When, how much, & for what? _____

Education event requesting scholarship funds

Event Title: _____
(please attach a copy of the brochure or event website)

Event Date: _____ Event Location: _____

Education Event Fees Breakdown (must be completed):

Expenses:	Cost:

Total Amount Requesting (\$500 Maximum) _____

If committee is unable to fund your full amount requested, will you attend the event if only partially funded? Yes _____ No _____

- *Please keep in mind that funds are limited and may or not be available.*
- *Funds will be provided as reimbursement after attendance certificate and receipts are submitted to IAFN-NYS.*

NYS-IAFN BOD Use Only:

Approved: _____ Declined: _____ Reasons: _____ Date notified: _____