

**APPLICATION FOR JOY F. REED LEADERSHIP  
SCHOLARSHIP – NCPHA NURSING SECTION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Current member of NCPHA yes\_\_no\_\_ Current member of NCAPHNA yes\_\_no\_\_

Employer Name and Address: \_\_\_\_\_

\_\_\_\_\_

Work Telephone: \_\_\_\_\_ Length of service in Public Health \_\_\_\_\_

Current job title: \_\_\_\_\_

**Attach a current resume or curriculum vitae which outlines your job duties for your current and relevant past positions and demonstrates a progression in leadership skills.**

Highest Degree earned \_\_\_\_\_

N.C. Nursing License/Registration Number and Expiration Date: \_\_\_\_\_

Current certifications, special recognitions, membership in professional organizations and committee/officer roles:

\_\_\_\_\_

\_\_\_\_\_

**Please describe how you plan to apply the knowledge you expect to gain through the additional training, courses, conferences and/or certification programs in your goal towards a leadership role in public health (typed on a separate one page double spaced).**

Type of course, training, conference and/or certification program planned:

\_\_\_\_\_

Dates for this planned program: \_\_\_\_\_

Name of institution providing training: \_\_\_\_\_

Address: \_\_\_\_\_

Have you registered for this course already? Yes \_\_\_\_\_ No \_\_\_\_\_

If not registered, when are the dates for registration: \_\_\_\_\_

Why do you need this scholarship? \_\_\_\_\_

How much financial assistance do you anticipate receiving from other sources? \_\_\_\_\_

Please share your reasons for applying for this scholarship: \_\_\_\_\_

It is my intent to work in public health in North Carolina for at least two years after completion of this program/training. Yes \_\_\_\_\_ No \_\_\_\_\_

I understand if I do not attend and/or complete the training that is being requested with this scholarship or if I leave public health in North Carolina within two years of this award I will be responsible for refunding all financial awards back to the scholarship fund. Yes \_\_\_\_\_ No \_\_\_\_\_

**Application Checklist – please indicate if the following required items are enclosed or being sent separately by the Aug. 1 deadline**

- **Resume or curriculum vita**
- **One page statement on how you plan to apply the knowledge gained from the training in your goal towards a leadership role in public health**
- **Two letters of recommendation from persons who have knowledge of your public health work:**  
**Recommender 1:** \_\_\_\_\_  
\_\_\_ Enclosed \_\_\_ Being sent separately
- **Recommender 2:** \_\_\_\_\_  
\_\_\_ Enclosed \_\_\_ Being sent separately

**Mail to:**  
**Joy F. Reed**  
**Leadership**  
**Scholarship**  
**Committee**  
**c/o Brenda Dunn**  
**P.O. Box 634**  
**Siler City, NC**  
**27344**

**I certify that my application is truthful and complete.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date