A logo for a nurse

Description automatically generatedA logo with a triangle

Description automatically generated

**College of Child & Youth (CCYN), Tapuhitia Ngā Mokopuna Mo Apōpō  
Nurses Scholarship Application**

The CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō scholarship is available for registered nurses working in child and youth health who wish to attend an international or national conference related to this field.

**Criteria for Scholarship**

1. Applicants must be NZ residents, current NZNO members, and CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō national section members for at least one year.
2. Applicants must complete the application form in full.
3. Applicants must present an outline of the conference to the committee, including their professional objectives for attending, why attendance is relevant to their practice, and how it will benefit their client group.
4. Applicants must agree to provide a written report for the CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō newsletter within three months of attending.

Where possible, applications should be submitted at least two months before the conference to allow sufficient time for consideration, processing, and membership status verification with NZNO.

**Scholarship Administration**

1. Twice a year, up to $600.00 will be available to be divided among eligible applicants at the committee’s discretion. If there is only one applicant, they may not necessarily receive the full amount. If the first $600.00 for the year is not allocated, it will be transferred to the second application round, making the total funds available each year $1,200.
2. Priority will be given to first-time applicants and those who have not received the scholarship in the previous three years.
3. **Timeline**:
4. Applications will be considered and voted on at each committee meeting.
5. There are five committee meetings per year.
6. The scholarship is cumulative within one financial year, with a total of $1,200 available from 1 April to 31 March, and
7. Following the meeting, applicants will be notified in writing if their request has been accepted or declined.
8. Only applicants meeting the above criteria will be reviewed.

**This process will be reviewed every three years.**

|  |  |
| --- | --- |
| A logo with a triangle  Description automatically generated  **College of Child & Youth (CCYN),  Tapuhitia Ngā Mokopuna Mo Apōpō**  **Nurses Scholarship Application Form** | |
| **Name of Applicant** |  |
| **Contact Address**  *(You must live in New Zealand)* |  |
| **Phone Number** | Work  Mobile |
| **Email Address** |  |
| **NZNO membership No.**  *(You must be a full paid NZNO member)* |  |
| **Position** |  |
| **How long have you been a member of CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō?** |  |
| **Please specify the amount you are requesting** |  |
| **Title and theme of conference** |  |
| **Location** |  |
| **Dates** |  |
| **Who is your target audience?** *(e.g.: managers, practicing staff)* |  |
| **Please provide an itemised list of the proposed conference expenses** |  |
| **Will you be presenting at this conference?** | Yes  No |
| **If so, what is your presentation title?** |  |
| **Please outline the professional objectives or learning outcomes for attending** |  |
| **How will this course benefit your professional development and your client group?** |  |
| **Have you received or applied for other grants or sponsorships, or are any other organisations contributing to this conference?** |  |
| **If yes, please provide details** |  |

***Please attach*** *any calls for abstracts, flyers, draft programmes, travel and accommodation quotes, etc.,  
related to this conference. Further criteria for funds allocation.*

* You agree to the CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō publishing your name as a recipient.
* You agree to the Co-Editors of *Kaitiaki* (or other NZNO staff) contacting you for publicity purposes *e.g.: for a story in Kaitiaki.*
* To ensure fair and equitable consideration of all applications and distribution of funds, all parts of the form must be legible and complete with required information attached. Additional information can be provided as an appendix.
* I declare the contents of this application form to be true and correct.
* I agree that if the conference is cancelled, any funds will be returned in full to CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō.
* I agree to present a written report to the CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō Executive Committee within three months attending the conference. This report will be published in the CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō newsletter for all CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō members.

**Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please email the completed form to: [secretary.ccyn@gmail.com](mailto:secretary.ccyn@gmail.com)

* On receipt of your application, you will be sent a letter/ email message from CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō. Please contact us if you do not receive it within two weeks.
* Applications are reviewed by the CCYN, Tapuhitia Ngā Mokopuna Mo Apōpō Committee, and payment is made to successful applicants within six weeks of the closing date.

**N.B.: The CCYN Executive Committee’s decision is final.**