**WIN Conference Award Application – Practicing Nurse**

Insert photo

*An electronic copy of your application must be received by* ***February 1.***

|  |
| --- |
| Name |
| Name of Organizational Affiliation |
| Preferred Telephone # for Award Notification |
| Preferred Email Address for Award Notification |
| Mailing Address  |
| City | State Zip Code |
| Academic/Professional Degree(s) and Year(s) Obtained: |

Application Checklist (Please submit one electronic copy of each item)

\_\_\_\_\_ Application
\_\_\_\_\_ A personal statement (maximum 1/2 page, single space) which describes your self-identification

 with an historically underrepresented group in nursing

\_\_\_\_\_\_A personal statement (maximum 1/2 page, single space) which describes your reasons for

attending the WIN conference, anticipated benefits for your professional development, and how you have and/or will contribute to WIN

\_\_\_\_\_ Resume or curriculum vitae

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

*Please forward your application, personal statements, and resume/CV to Bo Perry at* *perrybo@ohsu.edu* *by February 1.*