**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*](mailto:perrybo@ohsu.edu) *by February 1.*