**Ann M. Voda American Indian/Alaska Native/First Nation WIN Conference Award**

**Application**

*An electronic copy of your application must be received by* ***February 1.*** *All information requested must be completed. Please attach a current resume or CV.*

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| --- |
| First, Middle, Last Name |
| Name of WIN Organizational Affiliation |
| Preferred Telephone # for Award Notification |
| Preferred Email Address for Award Notification |
| Current Mailing Address Number/PO and Street |
| City/Town | State Zip Code |
| Telephone  |  | E-mail  |  |
| Academic/Professional Degree(s) and Year(s) Obtained: |
| Ethnicity:\_\_\_American Indian/Alaska Native (identify tribal affiliation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Nation/Pacific Islander\_\_\_Other (please complete)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Mentor/Advisor: |
| Contact Information for Mentor/Advisor (Email and Phone):  |

Are you presenting a podium paper? \_\_\_ Yes \_\_\_No

Are you presenting a poster? \_\_\_ Yes \_\_\_No

Are you attending the WIN conference and not presenting? \_\_\_ Yes \_\_\_No

Are you a nursing student in a WIN member organization? \_\_\_ Yes \_\_\_No

Are you a nurse clinician in a WIN member organization? \_\_\_ Yes \_\_\_No

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

\_\_\_\_\_ Application form
\_\_\_\_\_ A personal statement (maximum one 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 the healthcare of indigenous people.

\_\_\_\_\_ Current resume or curriculum vitae

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

*Please forward an electronic copy of your application to Bo Perry at* *perrybo@ohsu.edu* *by February 1.*