



**Northwest Chicago Area Chapter  
AACN**

**2020 NTI Scholarship  
For Non-Board General Members**



UNSTOPPABLE

Submit completed application **electronically** by **February 1, 2020**.

Send to Award and Scholarship Chair Sheila Coogan, [cooganrn22@gmail.com](mailto:cooganrn22@gmail.com)

**Demographics:**

Name \_\_\_\_\_ AACN Member # \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell/home \_\_\_\_\_

Employer \_\_\_\_\_ Position: \_\_\_\_\_

Certifications \_\_\_\_\_ Education level \_\_\_\_\_

Years as Critical care/Progressive care nurse \_\_\_\_\_

Years as an AACN member \_\_\_\_\_ Years as NWCAC AACN member \_\_\_\_\_

Identify involvement in Northwest Chicago Area Chapter (number of times attended, members recruited, NWCAC community participation, etc.)  
\_\_\_\_\_

**Essay Questions (500 words or less TOTAL for responses to the following questions. Applications over 500 words will not be considered.)**

- Describe your learning plan and goals and how attending NTI will assist your goals. How will you apply the knowledge gained?
- How will attending NTI impact your practice?
- How do you plan to share what you have learned as a result of attending NTI?

**I agree to submit article for the NWCAC-AACN May 2020 (by May 20, 2020) Newsletter about the NTI experience--overall or specific to selected NTI presentations/activities you attended**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only:**

**Application #** \_\_\_\_\_ **Date Received** \_\_\_\_\_

**Scholarship Chair** \_\_\_\_\_

**Approved—Oct 16, 2019**