

UPSNA

University of Portland Student Nurses Association

Advocacy and Professional Development Grant Application

UPSNA offers grants of \$50-200 to fund student-initiated projects that seek to further the mission of UPSNA. Grants may be used to subsidize philanthropic/advocacy work or professional development endeavors.

Selection Criteria

- 1) Applications will only be accepted from current UPSNA members. Advocacy projects must be proposed and managed by an active UPSNA member. Funds for professional development projects must directly benefit a current UPSNA member.
- 2) Projects must further the mission of UPSNA. Priority will be given to projects that support our local communities and vulnerable populations.
- 3) Individual UPSNA members may be awarded no more than 1 grant each semester.
- 4) Grant awardees must submit written documentation of costs (copies of receipts or invoices) before receiving funds.
- 5) Recipients may be asked to submit photos, brief written statements, and/or present a 5-minute informal talk describing how UPSNA funds supported their project.

UPSNA Mission Statement

The University of Portland Student Nurses Association is a community of future nurse professionals dedicated to furthering the discipline of nursing, promoting the many dimensions of holistic wellness, and advocating for the health and wellness of vulnerable populations.

To Apply

- Please fill out the UPSNA Advocacy Grant Application and return it to the nursing office. Applications are reviewed by the UPSNA Board at the beginning of each month. ***Please submit your application electronically at least 1 week before the first of the month. Send to: upsna@up.edu***
- Applicants will be notified of their award status by email.
- If you have any questions or concerns, please contact: upsna@up.edu.

UPSNA Advocacy Grant Application

UPSNA Member Name_____

Phone #_____Email_____Grad Month/Year_____

Project Information

Please write a brief project description. Identify any organizations (schools, community groups, churches) connected with your project.

Funds Requested

Please list the amount of funds requested and how these funds will be used. Itemize all materials/resources and their estimated costs. The amount approved depends on the availability of UPSNA funds.

Example:

| | |
|----------------------------|-------------|
| <i>Stethoscope</i> | <i>\$50</i> |
| <i>Blood Pressure Cuff</i> | <i>\$30</i> |

Please tell us how this project supports the mission of UPSNA. You may attach any additional pages, if necessary.