***Austin Texas Association of Occupational Health Nurses***

# 2019 COHN, COHN-S, and CM

# Scholarship Award Application

**The Application Process:**

To apply for the scholarship, the candidate must be a current active member of the Austin Texas Association of Occupational Health Nurses (ATAOHN) and be presently employed as an occupational health nurse. For consideration for the scholarship award, the candidate must also have completed all application requirements as set forth by the American Board of Occupational Health Nurses (ABOHN) and have completed the COHN or COHN-S, or CM examination process as offered in current year. All interested candidates need to complete the enclosed application form, prepare a brief written essay, and arrange for written recommendations from two occupational health nursing professionals in the community. The application form, essay and the letters of recommendation are sent by mail or email to Marcia Fowler, RN to be received no later than *November 15, 2019*, to:

\*ATAOHN Awards Committee

C/O Marcia Fowler, RN, MSN

ATAOHN Director of Awards

10632 Floral Park Drive

Austin, Texas 78759

Email: mpfowler1151@gmail.com

**Criteria for Selection:**

In addition to having completed the ABOHN application and COHN, COHN-S, or CM examination process, criteria for receiving a scholarship include **ONE OR MORE** of the following:

1. Demonstrates visionary and dynamic leadership potential through contributions to the practice of occupational health nursing in the clinical setting (LEADERSHIP)
2. Demonstrates a keen interest in developing the strong knowledge base in occupational health nursing that is necessary to deal creatively and proactively with the realities of the workplace environment. (KNOWLEDGE BASE)
3. Participates actively in ATAOHN meetings, projects, and activities. Demonstrates commitment to the practice of occupational health nursing. (COMMITMENT)

**Selection Process:**

Members of the ATAOHN Awards Committee will review the candidates’ qualifications for the 2019-20 COHN Scholarship award for $100. The recipients will then be notified of selection and receive the award at the December 2019 Holiday Party.

**ATAOHN**

## 2019 COHN, COHN-S, CM Scholarship Application

**Complete all information requested. Please type or print.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street, Apt. P.O. Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip

**Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area Code- number

**Present Employers**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position/Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Application Submitted to ABOHN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Examination Completed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essay:**

Attach a typed, single-spaced essay (no more than two pages in length) describing how you meet one or more of the criteria for this scholarship award in the categories of leadership, knowledge base, and commitment as described on the cover page.

**Recommendation Form:**

Please request a recommendation for this award, utilizing the attached recommendation form, from ***two occupational health nursing professionals*** in the community. The completed forms should be forwarded via email or US mail to \*ATAOHN Awards Committee on page 1. If more space is needed, additional attachments may be included. All information will be kept strictly confidential.

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

**ATAOHN**

**Recommendation Form: 2019 COHN, COHN-S, CM Scholarship**

**Name of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The above candidate is applying for the ATAOHN COHN, COHN-S, and/or CM Scholarship Award and is asking you to provide evidence that he/she meets the criteria for this scholarship. In the spaces below, please indicate how you think this candidate meets the following criteria:**

**LEADERSHIP: -** Demonstrates visionary and dynamic leadership potential through contributions to the practice of Occupational Health Nursing in the clinical setting**.**

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**KNOWLEDGE BASE** – Demonstrates a keen interest in developing the strong knowledge base in occupational health nursing that is necessary to deal creatively and proactively with the realities of the workplace environment.

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**COMMITMENT** -Participates actively in ATAOHN meetings, projects, and activities and demonstrates commitment to the practice of occupational health nursing.

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**SIGNATURE**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send this completed form and any additional attachments either by email, fax, or US mail, to be received **by** **November 15, 2019:**

\*ATAOHN Awards Committee - C/O Marcia Fowler, RN, MSN

ATAOHN Director of Awards

10632 Floral Park Drive, Austin, Texas 78759

Email: mpfowler1151@gmail.com