



**HUGGINS HAGGLAND SCHOLARSHIP
CONTINUING EDUCATION REQUEST FORM**

Name _____

Social Security Number _____ Phone (W) _____ (H) _____

Address _____

Oregon RN License No. _____ Expiration Date _____ ONA District No. _____

Employer _____

Name of Conference/Workshop/Nursing Education Seminar _____

(Attach brochure/verification information with this request form)

Date of Conference/Workshop _____ Amount Requested _____

Are you an elected delegate for this offering? Yes _____ No _____

Have you ever received a Huggins Haggland Scholarship for Continuing Education? Yes _____ No _____

If yes, please indicate date received _____

Statement as to how the conference/workshop applies to your nursing practice _____

ONA members may be eligible for one (1) stipend of up to \$125 every year for registration, travel expense and/or child care. Priority will be given to first time applicants who have not received a stipend in two (2) years.

Complete applications must be received before the conference is held. Please return the completed request form to: Oregon Nurses Foundation, Melissa Tangedal, 18765 SW Boones Ferry Road, Suite 200, Tualatin, Oregon 97062. Please return the demographic and evaluation form of the conference no later than 30 days after the conference in the postage paid envelope provided to you.

Application Received _____	Complete	Yes ___	No ___
Application Reviewed _____	Membership Confirmed	Yes ___	No ___
	Eligibility Verified	Yes ___	No ___

Action Taken _____

Check request submitted to Accounting: Amount \$ _____ Date _____