

**PERSONAL INFORMATION**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Membership #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**ECONOMIC HARDSHIP SCHOLARSHIP APPLICATION**

The following two areas should be addressed in a maximum of 600 words:

• Discuss how attending the Cannabis Care Conference will help you fulfill your academic/career goals or help your current financial situation or hardship.

**INNOVATORS SCHOLARSHIP APPLICATION**

The following three areas should be addressed in a maximum of 600 words:

• Describe your learning needs to counsel patients and help them determine the right medicine.

• In the dispensary setting, what are some things you could implement to benefit the patient's well-being?

• Your plans for applying the knowledge gained at conference with patient populations and/ or with fellow students or colleagues.

**PRESIDENTS SCHOLARSHIP APPLICATION STUDENTS: UNDERGRADUATE**

The following three areas should be addressed in a maximum of 600 words:

• What cannabis care nursing means to me.

• The holistic nature of cannabis care nursing.

• My plans for applying the knowledge gained at conference with patient populations and/or with fellow students or colleagues**.**

**PRESIDENTS SCHOLARSHIP APPLICATION STUDENTS: GRADUATE**

The following three areas should be addressed in a maximum of 600 words:

• What cannabis care nursing means to me.

• The holistic nature of cannabis care nursing.

• My plans for applying the knowledge gained at conference with patient populations and/or with fellow students or colleagues.

**PLEASE ACKNOWLEDGE THE FOLLOWING:**

* I understand by submitting this application, my name/image may be featured in ACNA and Cannabis Care 2020 Conference announcements and promotions.
* I understand if I win, my information may be viewed by the public and ACNA is not responsible for any losses - financial, reputation, physical, or otherwise.
* I understand that I will be expected to attend the event and only the registration cost is covered.
* I have uploaded my competitive essay
* (PRESIDENTS ONLY) I have uploaded documentation to confirm my enrollment in accredited prelicensure or graduate nursing program

**By typing in your full name, you acknowledge this document in its entirety and agree to the terms.**

SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_