



PSYCHIATRIC-MENTAL HEALTH NP CERTIFICATE SCHOLARSHIP APPLICATION Document Checklist

This checklist is provided to facilitate the Psychiatric-Mental Health Nurse Practitioner (PMHNP) Certificate Program Scholarship application process. Please send all documents listed below **in one envelope** to ensure that your application arrives at VHCF as a complete package. Incomplete applications will not be processed. Maintain a copy of your application for your records.

- Completed application form**
- Applicant resume**
- Applicant's statement of purpose/intent** - Please provide a one-page typed document describing your interest in obtaining a PMHNP Certificate. How you intend to use the credential after program completion? How will receiving this scholarship assist you in meeting your professional goals? How much of your practice has included diagnosis and treatment for behavioral health conditions?
Be sure that you've included your name in the title of your statement of purpose/intent.
- Copy of acceptance letter from an accredited PMHNP Certificate program**
- Completed Verification of Employment & Accommodation Form**
- Completed Verification of Volunteer Engagement or Employment in the Health Safety Net (HSM) Form** *(if applicable)*
- Signed consent to release information to VHCF** *(School of Nursing's FERPA form)*
- Signed Attestation Agreement**

Print and provide original signatures on documents where required. Mail the completed application and all required attachments to:

Virginia Health Care Foundation
ATTN: Psych NP Scholarship Program Manager
707 E. Main Street, Suite 1350
Richmond, VA 23219

Questions? Contact the Program Manager at info@vhcf.org or 804-828-5804.



PSYCHIATRIC-MENTAL HEALTH NP CERTIFICATE SCHOLARSHIP APPLICATION

Personal Information

Applicant's Full Name:

Maiden/Family or other Previous Names Used:

Home Address:

Daytime Phone:

Evening Phone:

Mobile Phone:

Email Address (*Work*):

Email Address (*Personal*):

Date of Birth:

Place of Birth:

Are you a US Citizen?

How long have you been a Virginia resident?

Race/Ethnicity:

Marital Status:

Are you fluent in language(s) other than English? *Yes or No*

If yes, what languages? _____

Professional Credentials

Please list ALL of your professional degrees, licenses, and national certifications. Alternatively, you may include this information on your resume, which you are also required to submit as part of your application.

Employment Information

Current Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Supervisor Email Address:

Employment Start Date:

Current Number of Hours/Week:

Anticipated Number of Hours/Week during Psych NP program:

Describe your current practice (*typical day, age range, types of patients*):

Do you currently have any specialty area of expertise (*e.g., diabetes, asthma*)

Do you currently live and/or work in a federally designated medically underserved or health professional shortage area? *Yes or No*

If yes, please specify whether primary care, dental or mental health shortage area.

_____. (If you don't know, you can check here: <http://hpsafind.hrsa.gov/>.)

Do you currently work or volunteer, or have you ever worked or volunteered, in a health safety net setting (*free clinic, federally qualified health center, or other similar organization*)? *Yes or No*

If yes, please provide the following:

Organization's name: _____

Your role: *Paid or volunteer*

Number of hours/week: _____

Length of time spent in that role: _____

Financial Information

Current salary (*annual*):

Anticipated salary during Psych NP program (*annual*):

Other family income (*annual*):

Other sources of financial aid (*e.g., scholarships, loans*):

Family income from any other sources:

Value of Assets totaling more than \$100,000 other than your primary residence and cars:

I certify that all of the information provided in this application is correct and current on the date indicated below.

Applicant Signature

Date