

University of Washington School of Nursing
STUDENT SCHOLARSHIPS & PROGRAMS

**CENTER FOR GLOBAL HEALTH NURSING COMMON FIELDWORK FUNDING &
GLOBAL NURSING SCHOLARS PROGRAM APPLICATION 2019**

Before submitting your application materials, review this checklist to ensure that you've completed all steps. Incomplete applications will not be considered. Please allow yourself plenty of time to identify a faculty sponsor so they may submit their recommendation by the application deadline.

Common Application

- Select Funding/Program for which you'd like to be considered
- Demographic Information
- Project/Experience Details
- Proposed Budget (if applying for funding)
- Identify Faculty Sponsor
- Submit CV

Common eligibility criteria:

- Graduate or Undergraduate student enrolled in a full-time University of Washington degree program
- Post-Doctoral Fellows
- Good academic standing

Requirements

- Proof of Health Insurance
 - Verify if your insurance covers medevac
- Registering your travel with the Office of Global Affairs' International Travel Registry
- Visit the UW Hall Health Center Travel Clinic (206-685-1060) to receive country-specific immunizations
- Upon your return, disseminate information about your experience by presenting to the School of Nursing community

If you Receive Funding

- Use funds ONLY for costs related directly to the experience
- Sign the *Award Recipient's Responsibilities and Requirements* agreement with the UW School of Nursing covering your responsibilities as a student, the School of Nursing's responsibilities, insurance etc.
- Write a thank you note to the donors who made the award possible via the Advancement Office portal

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DEMOGRAPHIC INFORMATION

| | | | | | |
|------------------------------|-----------------------------|-----------------------------|------------------------------|------------------------------|---|
| Name: _____ | | | | | |
| Address: _____ | | | | | |
| Phone Number: _____ | E-Mail Address: _____ | | | | |
| Student #: _____ | Cumulative GPA: _____ | | | | |
| Degree Program (Select one): | | | | | |
| <input type="checkbox"/> BSN | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> DNP | <input type="checkbox"/> PhD | <input type="checkbox"/> Post-Doctoral Fellow |

Please select all you will be applying for:

- UW Global Nursing Scholars Program (Peru)
- CGHN Fieldwork Funding
- International Nurses Program

*I certify that I have read and understand the requirements of the Center for Global Health Nursing Fieldwork Funding, Global Scholars program, and International Nurses Program and that all materials I have submitted for consideration are complete and accurate. I understand that failure to complete these requirements will result in **forfeiture** of any scholarship I may receive and I will need to pay back any or all of the Award.*

Applicant Signature: _____ Date: _____

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If applying for General Fieldwork Funding, please provide the following information.

PROJECT EXPERIENCE DETAILS

| |
|------------------------------------|
| Proposed Project Title: _____ |
| Host Country & Organization: _____ |
| Name of UW Faculty Mentor: _____ |
| Expected Dates of Travel: _____ |

Type of Experience (Check all that apply):

| | |
|---|---|
| <input type="checkbox"/> Research * | <input type="checkbox"/> Thesis |
| <input type="checkbox"/> Practicum | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Clinical Experience | <input type="checkbox"/> Internship |
| <input type="checkbox"/> Independent Study | <input type="checkbox"/> Other: |
| <input type="checkbox"/> International Reporting Experience | <input type="checkbox"/> Other: |

**All students/residents who propose research projects MUST obtain University of Washington and host country IRB approval prior to the start of project or their funding will be withdrawn*

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Language Skills (For Peru Scholars):

1. What is your level of spoken Spanish?: Beginner Intermediate Advanced
2. How many years of Spanish instruction have you taken?: _____

Project Experience/Description (2 pages maximum):

If you are applying solely for the UW Global Nursing Scholars Program, please address questions 3-6 in your response. All other applicants, please address questions 1-6 in your response.

1. Outline the academic/scholarly **objectives** for this experience.
2. Describe the **experiences** to be sought, and how they extend beyond your regular course of study in the School of Nursing.
3. Describe your **current knowledge, skill and readiness** for this experience, including relevant language skills and state how you plan to best prepare for the experience.
4. Describe your **previous international and cross-cultural experiences**, and how they differ. Provide a basis for the proposed experience.
5. State how this experience will promote your personal **goals** and development, as well as the goals of the School of Nursing and the University of Washington.
6. State at least one structured way in which you will **share the experience** with faculty and students in the School of Nursing upon your return.

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PROPOSED BUDGET

Please define your proposed expenses for travel and project related expenses. Please note each scholarship can provide up to \$4,000 (USD) and you will need to cover the remainder expenses using other sources:

Name: _____

Host Organization/Country: _____

Expected Dates of Travel: _____

| Item | Cost |
|--|------|
| Strongly Recommended | |
| Health Screening with Primary Care Provider | |
| Travel Health Consult Fee | |
| US Health Insurance | |
| Travel Health Insurance | |
| Major Expenses | |
| Vaccinations | |
| Malaria Prophylaxis | |
| Post-Exp. Prophylaxis (HIV) (if clinical/direct care experience) | |
| Airfare | |
| Visa | |
| Airport fees/Departure Tax | |
| Taxi/Bus/Rail | |
| Housing | |
| Food | |
| Phone | |
| Please list other items that will be > \$50USD value | |
| Project Supplies: | |
| Project Supplies: | |
| Other: | |
| TOTAL COST | |

Please indicate if you are applying for and/or have received additional sources of funding for this project/experience.

| Name of Award/Funding Source | Amount |
|------------------------------|--------|
| | |
| | |
| | |

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Faculty Sponsor Recommendation

| | |
|---------------------------------|--------------|
| Faculty Sponsor Name: _____ | Title: _____ |
| UW School and Department: _____ | |
| E-mail: _____ | Phone: _____ |

TO THE STUDENT APPLICANT:

1. Fill out the section below.
2. Sign if you wish the recommendation to be held in confidence from you by the UW School of Nursing. **Do not sign below if you wish to have access to your recommendation if you are accepted as a HCOTW Scholar and begin the program. (It remains confidential until such time).**
3. Give this form to the faculty member writing your recommendation. This faculty sponsor should complete this form and return it to Casey Thomson, (cthoms@uw.edu), Program Manager for the Center for Global Health Nursing, in a pdf file.

Letters of recommendation on behalf of applicants for the CGHN Fieldwork Funding, Global Nursing Scholars Program and/or International Nurses Program are placed in open files for review by the accepted student after he or she begins their experience, unless the student waives the right to review the recommendation. An applicant signature below indicates that this recommendation will not be available to the student for review at any time and will be treated as confidential. Applicants who are not a part of the CGHN Fieldwork Funding, Global Nursing Scholars Program and/or International Nurses Program or who do not begin the experience do not have access to this form at any time.

It is my understanding that waiving my right to review this recommendation is not required as a condition of acceptance, receipt of financial aid, or other University service, and is entirely voluntary. Accordingly, I hereby waive any and all rights to inspect and review this recommendation.

Signature of Applicant: _____ Date: _____

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TO THE FACULTY SPONSOR:

Thank you for agreeing to sponsor a student for the CGHN Fieldwork Funding, Global Nursing Scholars Program and/or International Nurses Program. The CGHN Scholar is a post-doctoral fellow, undergraduate or graduate nursing student, who exhibits special initiative in seeking challenging experiences of immersion in health care in another culture, either internationally or in the United States. Your role and responsibilities as faculty sponsor are to provide academic mentorship and supervision while the student is in-country working with the host organization supervisor and colleagues. The University of Washington faculty member should provide guidance to connect the applicant's activities to their academic program and career goals.

| Characteristics of Applicant: | Low | | | | | High |
|--|------------|---|---|---|---|-------------|
| 1. Clarity of goals for this experience | 1 | 2 | 3 | 4 | 5 | |
| 2. Cognitive readiness to benefit from the experience | 1 | 2 | 3 | 4 | 5 | |
| 3. Social/emotional readiness to benefit from this experience | 1 | 2 | 3 | 4 | 5 | |
| 4. Adaptability in stressful situations | 1 | 2 | 3 | 4 | 5 | |
| 5. Quality of interpersonal relations | 1 | 2 | 3 | 4 | 5 | |
| 6. Openness to new ideas and perspectives | 1 | 2 | 3 | 4 | 5 | |
| 7. Probability that persons at the host site will benefit from the student's experience. | 1 | 2 | 3 | 4 | 5 | |
| 8. Capability as "informal ambassador" for School, UW and USA | 1 | 2 | 3 | 4 | 5 | |

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COMMENTS: Please provide any additional comments that may help us with selection of Scholars.

Signature of Faculty Sponsor: _____ Date: _____

Faculty Sponsor: Please provide the following information about the applicant and send as .pdf file to Casey Thomson, Program Manager for the Center for Global Health Nursing at cthoms@uw.edu