Scholarship Application

Name and professional designation(s):

Title:

Discipline:

Agency Name:

Agency address:

City: State: Zip:

Email address:

Phone:

Individual nominating this applicant, if any:

Email of individual nominator, if any:

Please note: Nominations are only for PHPCN Organizational Members.
Scholarship Applicant:

**Commitment to End of Life Care**
Describe the applicant’s interest and experience in hospice and palliative care providing specific examples if possible.

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**Commitment to Education**
Dr. Harrold always strives to improve the education of hospice colleagues and recognizes the importance of lifelong education. Please describe the applicant’s commitment to education:
Scholarship Applicant:

*Commitment to Sharing Knowledge with Others*
Dr. Harrold creates ways to deliver exceptional education across all disciplines in hospice. Describe how the applicant will impact the interdisciplinary team with the education they acquire from the conference.

Signature of Applicant (required):__________________________________________

Signature of Applicant’s Supervisor (required):________________________________

Signature of Nominator (if applicable):________________________________________

The deadline for submission is April 24, 2020.

Submit completed application to:

Pennsylvania Hospice and Palliative Care Network, P.O. Box 343, Hershey, PA 17033
Phone: 717-533-4002  Fax: 717-533-4007  Email: PHPCN@pahospice.org