



## ABNF LEADERSHIP & PUBLIC POLICY MENTORING FELLOWSHIP APPLICATION

### Selection Process

- The ABNF Public Policy Committee will review all applications, and will select the award recipient, who must be a current ABNF member.
- The selected Fellows will be notified by email on **December 21st**
- The first virtual session will be held on January 14, 2023

### Application Process

*The following materials must be submitted:*

- Completed and signed application. All applications are to be submitted electronically to the Chair of the Public Policy Committee, Dr Gloria J. McNeal – [gjmcneal@aol.com](mailto:gjmcneal@aol.com)
- Brief CV or resume no longer than five pages in length outlining professional background, publications, honors, awards, and committee service activities demonstrating leadership and political involvement
- One letter of reference from a professional colleague knowledgeable about the applicant's work in a leadership position
- A two-page narrative statement that details the applicant's ability to meet the Fellowship NOTE: The narrative should include a description of how this Fellowship will assist the applicant in attaining his/her professional goals and in contributing to the nursing academic community.
- A one-page description of expectation of knowledge to be gained from the Fellowship experience and how the applicant will apply that knowledge to the academic and other areas of the discipline of nursing. Include a description of how the applicant plans to disseminate the knowledge gained to the ABNF membership.
- Type the entire application on the form provided. Handwritten forms or applications will not be accepted.
- The Applicant Information Form must be used. Do not retype. This form must be on the top of the application.
- Put the application packet together in this order
  1. Applicant Information Form
  2. Applicant two-page narrative
  3. Applicant one-page statement of expectation
  4. Applicant's five-page resume or curriculum vitae
  5. Letter of recommendation

## Submission Process

Applications must be received at the following email address **no later than November 1, 2022:**  
Chair, Public Policy Committee  
c/o Gloria J. McNeal  
[gjmcneal@aol.com](mailto:gjmcneal@aol.com)

Applications received will be logged and tracked by Chair of the Public Policy Committee. The applications will then be forwarded to the review panels for scoring. Incomplete applications will not be scored. The applicant will be informed by the Chair of the Public Policy Committee if an application will not be considered.

A letter of acknowledgement will be sent to all applicants. The Awardee will be notified by telephone and email if selected to be admitted to the Fellowship Program. The Fellow will receive a Certificate of Completion at the conclusion of the one-year Fellowship experience.

If you have any questions, please email Dr Gloria J. McNeal at [gjmcneal@aol.com](mailto:gjmcneal@aol.com)

# ABNF LEADERSHIP & PUBLIC POLICY MENTORING FELLOWSHIP APPLICATION CRITERIA

## 1. General Information

- a. Complete the ABNF Fellowship Applicant Information Form
- b. List position title
- c. List applicant's degrees date conferred, and schools attended (applicant must possess a minimum of a master's degree in nursing, or a related field)

## 2. Two-Page Narrative Statement (35 points)

Description of how the applicant:

- a. has engaged in political activities
- b. will demonstrate how participation in the Fellowship experience will be of benefit to ABNF
- c. will advance his/her professional goals and contribute to the nursing academic enterprise upon completion of the Fellowship experience

## 3. One-page Statement of Expectation (25 points)

The applicant will:

- a. Describe his/her expectation of the Fellowship experience
- b. Explain how the knowledge gained from the Fellowship experience will be applied to the field of nursing
- c. Describe plans for disseminating knowledge learned to the ABNF membership

## 4. Scope of Influence as Demonstrated by Curriculum Vitae (20 points)

Describe how the applicant has met the following criteria:

- a. Is a member of ABNF
- b. Is a member of an ethnically diverse underrepresented group
- c. Holds a nursing education position within a healthcare organization or school of nursing
- d. Has served on local boards (school, church, community, state, etc.)
- e. received state or national recognition (this may include certification)
- f. presented or published

## 5. Letter of Recommendation (20 points)

Describe how the applicant has engaged in

- a. special projects
- b. public speaking
- c. political or leadership activities
- d. served in a consultant capacity outside of the institution where employed and how this has impacted health care

## Post Award Requirements

### A. Written Summary

Within 60 days following the Fellowship experience, the Fellow will submit a written summary to include:

- Personal Fellowship Objectives
- Description of How the Fellowship Contributed to the Fellow's Professional Goals
- Evaluation of personal Fellowship Objectives and Measurable Outcomes
- Description of Plans to Disseminate Knowledge to the ABNF Membership

**ASSOCIATION OF BLACK NURSING FACULTY NURSE, INC**  
**ABNF LEADERSHIP & PUBLIC POLICY MENTORING FELLOWSHIP**  
**APPLICATION**  
*(THIS FORM **MUST** BE USED)*

**APPLICANT INFORMATION**

\_\_\_\_\_  
 Name and credentials listed as applicant wishes them to appear on his/her certificate.

\_\_\_\_\_  
 Home street address

\_\_\_\_\_  
 City, state, zip

\_\_\_\_\_  
 E-mail address

\_\_\_\_\_  
 Phone numbers: (Home)

\_\_\_\_\_  
 (Work)

**APPLICANT CURRENT NURSING EXPERIENCE**

\_\_\_\_\_  
 Current Employer

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Position

\_\_\_\_\_  
 E-mail address

\_\_\_\_\_  
 Phone numbers: (Work)

**APPLICANT EDUCATIONAL HISTORY**

|                              | <b>Institution</b> | <b>Dates Attended</b> | <b>Degree Received</b> |
|------------------------------|--------------------|-----------------------|------------------------|
| <b>Nursing Program</b>       |                    |                       |                        |
| <b>College or University</b> |                    |                       |                        |
| <b>Graduate Program</b>      |                    |                       |                        |
| <b>Other</b>                 |                    |                       |                        |

I certify that I have met the criteria for eligibility and have submitted information that is correct to the best of my knowledge. I give permission to ABNF to use and duplicate my submitted materials for the purposes of review, conference proceedings, promotion and placement in ABNF files. If selected, I agree to submit a summary report of the Fellowship experience to be posted to the ABNF website or other ABNF publications.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_