**North Carolina Perinatal Association**

***2022 Ann Wolfe Scholarship***

The North Carolina Perinatal Association (NCPA) announces its call for the 2022 Ann Wolfe Scholarship. This award has been established by the NCPA Board of Directors.

Please provide a brief, typed nomination narrative. The narrative should not exceed the space provided.

Email the signed, completed nomination form to Mona Brown Ketner, MSN, RN, C-EFM Awards Committee Chair: [mketner@wakehealth.edu](mailto:mketner@wakehealth.edu). An electronic signature is acceptable. If you have questions, contact Mona Brown Ketner via email.

Nominations for all awards must be emailed by September 2, 2022. Winners will be notified prior to the conference.

The Ann Wolfe Scholarship is awarded annually to health department staff serving in women’s or children’s health employed in North Carolina. Nominations must be emailed by September 2, 2022.

**Ann Wolfe Scholarship Application (2 pages)**

The 2022 scholarship will cover the entire NC/SC Annual Perinatal Conference registration, including a one-year membership fee if applicable. The scholarships are offered as a reward and recognition for staff employed by local health departments in maternal and child health programs. Nominees should have demonstrated commitment to improving the health and welfare of women and infants in North Carolina. Membership in NCPA is strongly encouraged. Nominees must be currently employed by a local health department with a minimum of 3 years’ experience in women’s and/or children’s health. Please provide examples of excellence to support your nomination.

The Ann Wolfe scholarship fund was established in memory of former board member Dr. Ann Wolfe and was made possible through a gift from the estate of Dr. Wolfe.

|  |
| --- |
| **Name and Title of Nominee:** |
| **Nominee’s Home Address:** |
| **Nominee’s Email Address:** |
| **Nominee’s Phone Number Including Area Code:** |
| **Agency Name Where Nominee is Employed:** |
| **Agency Mailing Address:** |
| **Nominee’s Discipline:** |
| **# Years Nominee has worked in Local Health Dept:** |
| **# Years Nominee has worked in Women’s or Children’s Health:** |
| **Name and Title of Person Submitting Nomination:** |
| **Nominator’s Mailing Address:** |
| **Nominator’s Phone Number Including Area Code:** |
| **Nominator’s Email Address:** |

Reasons for Nomination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If nominating for the Ann Wolfe Scholarship, please complete the following:

The Health Department agrees to provide the necessary support to ensure the award winner’s attendance.

Local Health Director’s Signature Date