



**PENNSYLVANIA HOSPICE
AND PALLIATIVE CARE NETWORK**

Promoting Excellence in Palliative and End-of-Life Care

Joan K. Harrold Scholarship for Excellence in Education

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.

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



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Scholarship Application (*continued*)

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.

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:



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Scholarship Application (*continued*)

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: