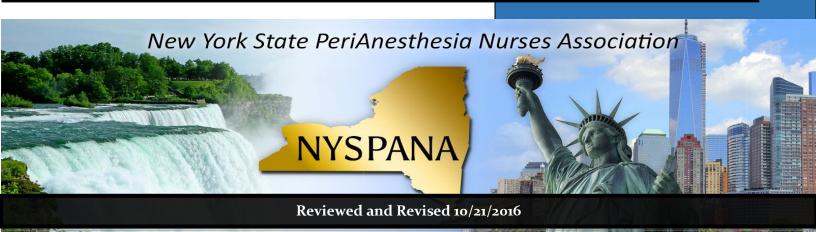
NYSPANA Scholarship Program & Application



Mission Statement

The New York State Perianesthesia Nurses Association advances nursing practice through education, research and standards

Policy and Procedure Scholarship Program for Professional Licensed Nurse Returning to College – BSN, MS, and Doctorate Programs

Eligibility:

- Nurse must have two years of perianesthesia nursing working experience
- Maintain a NYSPANA membership for 13 months or more
- Enrolled in a BSN, MSN, or Doctorate in nursing program

Guidelines:

- 1. Applicants must use the official NYSPANA scholarship form
- 2. Applicant must be an RN with current license with minimum of two years' experience in any phase of perianesthesia nursing (PACU, ASU, PAT, research or education)
- 3. Submit CV that includes professional background, continuing education participation, professional publications, presentations, honors, and awards
- 4. Verification Letter: A one-page letter from applicant's college's Department of Nursing, signed by a titled person in that office, and that MUST include the following information:
 - a. Verification of applicant's current enrollment in one of these degree programs: Bachelor, Masters, or Doctorate of nursing programs
 - b. Statement from the Department of Nursing as to its accreditation through NLN or CCNE.
- 5. A narrative statement/essay describing applicant's level of activity/involvement in any phase of perianesthesia nursing, ASPAN and/or component, or community service. Describe how you see your perianesthesia practice transforming as result of your advanced education (maximum one page, typed).
- 6. Two letters of recommendation, one from a professional colleague knowledgeable of applicants' professional commitments and goals, and one from an educator at the school of nursing in which you are enrolled regarding applicant's academic performance
- 7. Transcript
- 8. Scholarships will be awarded for fees not covered by any other source (i.e. employer, other component, organizations or scholarship.
- 9. Money will be remitted to the provider institution upon request of the recipient
- 10. Applicants may receive one NYSPANA college scholarship (in any category) per two-year period

Policy and Procedure

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Selection:

- The NYSPANA Educational SW will review and evaluate the applications and select scholarship recipients
- Scholarship recipients will be notified by e-mail
- Only one \$500 scholarship will be awarded per two-year period
- Scholarship moneys are to be utilized within a period of one year from date awarded
- The names of the recipient will be published in NYSPANA Up to Par and NYSPANA website

NYSPANA Scholarship Application Checklist (Please arrange items in this order)			
	Completed Application (original, typed or neatly printed)		
	Applicant Essay		
	Transcript		
	Two Letters of Recommendation		

Policy and Procedure

Scholarship Program for Professional Licensed Nurse Returning to College – BSN, MS, and Doctorate Programs

	Applying for:	
☐ Bachelor of Science in Nursing Se	cholarship ☐ Masters in Nursing Scholarship	
	☐ Doctorate in Nursing Scholarship	
Name:	Credentials:	
Address:		City:
	State:Zip Code:	_
Contact Info: Telephone (H):	(C:) (W):	
Email:	RN License (# and State):	
Expiration Date:		
Are you a previous NYSPANA scho	olarship Recipient? Yes □ No □	
If Yes, year and type of scholarship:		
Perianesthesia Nursing Experience:	:	
Employer		
	State: Zip Code:	_
	Date of Employment:	
Signature of Supervisor:		
ASPAN Member #		
CPAN: Yes □ No □ CAPA	: Yes □ No □ Component Name:	
# Years in Nursing:	#Years in Perianesthesia (see below):	
PACU I: ASU:	Perianesthesia: Pain Management:	
PACU: Phase II/III: _	Other	
Previous Nursing Education:		
Nursing School:		
City:	State: Zip Code:	
Date of entry into BSN, MS, or Doc	torate Program	
Projected Completion Date:		
Indicate any other scholarships and/o	or funding you are receiving or will be receiving:	
documentation submitted wir Falsification or failure to foll I hereby give permission for	ribility criteria that the information on this application as the it is correct, to the best of my knowledge. How all instructions will disqualify my application. NYSPANA to use and duplicate submitted materials for the eding, association publication, promotion, and placements.	or the purpose
E/Signature:	Date:	