

NYSPANA Scholarship Program & Application

New York State PeriAnesthesia Nurses Association



NYSPANA

Reviewed and Revised 10/21/2016

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

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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 Scholarship 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 scholarship Recipient? Yes No

If Yes, year and type of scholarship: _____

Perianesthesia Nursing Experience: _____

Employer _____

Employer's Address: _____ City: _____

State: _____ Zip Code: _____

Position: _____ Date of Employment: _____

Signature of Supervisor: _____

ASPAN Member # _____ Year Joined: _____

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 Doctorate Program _____

Projected Completion Date: _____

Indicate any other scholarships and/or funding you are receiving or will be receiving:

I confirm that I meet the eligibility criteria that the information on this application and any documentation submitted with it is correct, to the best of my knowledge.
Falsification or failure to follow all instructions will disqualify my application.
I hereby give permission for NYSPANA to use and duplicate submitted materials for the purpose of reviews, conference proceeding, association publication, promotion, and placement in files.

E/Signature: _____ Date: _____