

NYSPANA Student Nurse 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

NYSPANA Student Nurse Scholarship Application Eligibility Statement and Application Guidelines

Eligibility

1. Students enrolled in a school of nursing as a registered nurse and not licensed as a nurse
2. Must have completed at least one year of school

Guidelines

1. Applicants must use the official NYSPANA Scholarship Application form
2. Applicant Essay: The applicant must prepare an essay of **350 words or less** addressing one of the following questions
 - What do you see as the future of nursing?
 - Where do you see yourself in 10 years?
 - Why did you choose nursing as a career?
3. Transcript of most recent grades must accompany application
4. Include two letters of recommendation, one of which must be from a faculty member of the school currently attending. Letters must be limited to one side of a single sheet (8.5 by 11 inch) of paper, typed, dated and signed by the author
4. One applicant will receive \$200 per calendar year

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

NYSPANANA Nursing Student Scholarship Application

Based on Scholarship and Leadership

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Info: Telephone (H): _____ (C): _____
 (W): _____ email: _____
 School Currently Attending: _____ Expected Graduation Date: _____

Employment and Community Service

List Jobs you have held during the last five years

Kind of Work	Name of Employer	Dates of Employment

List Volunteer work or Community Service

You Performed without pay during the last two years

Kind of Work	Name of Employer	Dates of Employment

Honors and Awards

Include Scholastic, Civic Honors, and Awards

1. _____
2. _____
3. _____

Position of Leadership

State Name of Organization and Position

1. _____
2. _____
3. _____

Activities and Organizations Participation

State Name or Organization or Activity over the past five years

1. _____
2. _____
3. _____

Send Application by July 1st of current year to:
 NYSPANANA: Name of Reviewer _____