



# **TENNESSEE SOCIETY OF PERIANESTHESIA NURSES**

## **SCHOLARSHIP APPLICATION FOR ASPAN NATIONAL CONFERENCE**

### CRITERIA

- Registered Nurse currently involved in the care of PeriAnesthesia patients
- Current Member of ASPAN/TSPAN for at least two (2) Years.
- Have a minimum of two years experience in any phase of the PeriAnesthesia setting

### APPLICATION PROCESS

1. Complete and sign the application form.
  - Application form must be typewritten or computer generated in the same format
  - All items on the form must be completed
2. Brief (not more than 3 pages) typed summary of nominee's professional background, continuing education participation, professional publications and /or presentations, honors, and awards
3. Two letters of reference or recommendation from professional colleagues knowledgeable of the nominee's professional goals and commitment
4. Describe briefly:
  - Applicant's level of involvement in any phase of PeriAnesthesia Nursing, TSPAN, and/or community
  - How receiving this scholarship will help the nominee obtain professional goals and contribute to the PeriAnesthesia community.
5. Mail or email copies of the application form, applicant summary and the two letters of reference to the President of TSPAN by November 30.
6. See the TSPAN website <http://TSPANOnline.org> for the TSPAN President's contact information.

### SELECTION PROCESS

- The TSPAN Board of Directors and/or the Scholarship Committee will review all applications for the scholarship and select a recipient.
- Only one scholarship will be awarded per recipient.
- The scholarship will be awarded with the understanding that the same fees are not covered by any other source.
- Funds will be awarded directly to the recipient. Funds must be returned if conference not attended. Receipts to TSPAN Treasurer upon request.
- Applicants may receive this scholarship one time and are therefore no longer eligible
- Scholarships may not be awarded each year if funds are not available.
- The decision of the TSPAN Board of Directors and/or the Scholarship Committee will be final.



# TENNESSEE SOCIETY OF PERIANESTHESIA NURSES

## NATIONAL CONFERENCE SCHOLARSHIP APPLICATION

FORM MUST BE TYPEWRITTEN OR COMPUTER GENERATED IN THE EXACT FORMAT BELOW

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address: \_\_\_\_\_

RN License (Number & State) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

ASPAN/TSPAN #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PeriAnesthesia Work Experience

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

CPAN Yes No CAPA Yes No # Years in Nursing: \_\_\_\_\_

# Years in PeriAnesthesia: \_\_\_\_\_

### Basic Nursing Education

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Highest Level of education obtained: \_\_\_\_\_

*I confirm that the information on this application and any documentation submitted is correct to the best of my knowledge. Falsification or failure to submit all requirements of this scholarship may disqualify the applicant.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_