

GAPAN/GSA PeriAnesthesia Nurse Scholarship

PLEASE TYPE OR PRINT LEGIBLY

Name and Credentials _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ Telephone (work) _____

Email address _____

Perianesthesia Nursing Experience:

Employer _____

Address _____

Position _____ Date of Hire _____

Supervisor Signature _____

Falsification or failure to follow all instructions will disqualify this applicant.

Application Process

- 1 The following information must be submitted:
 1. A completed application form.
 2. A copy of your ASPAN membership card.
 3. A brief CV – no more than three pages – include professional experience, education level, and participation in state or national nursing organizations.
 4. Supporting documentation of your contribution to perianesthesia nursing. (See next page for Activity Verification form, may be duplicated.)
 5. Provide two (2) copies of all of the above information to a current State Board member.

DEADLINE: Prior to the Board of Director's Meeting, the Friday of State Conference—see conference brochure for details. NO EXCEPTIONS.

**GAPAN/ GSA PeriAnesthesia Nurse Scholarship
ACTIVITY VERIFICATION**

I verify that _____ has conducted the following activity:

Supervisor/District Officer Signature Telephone Number Date

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Supervisor/District Officer Signature Telephone Number Date

I verify that _____ has conducted the following activity:

Supervisor/District Officer Signature Telephone Number Date