

AORN Scholarship Program

The AORN Central San Joaquin Valley Chapter is committed to providing financial assistance to eligible applicants pursuing academic degrees in nursing and allied health fields. In keeping with this commitment, the chapter offers a minimum of two (2) scholarships annually.

Eligibility Criteria:

Eligibility is limited to registered nurses, licensed vocational nurses, surgical technicians, and student nurses who:

1. Are enrolled in an A.A., B.S., or higher degree program in an allied health field.
2. Are currently employed and have a minimum of one year's experience in the surgical services arena.

Scholarship Provisions:

1. At least two scholarships will be offered each year. One in the spring and one in the fall.
2. Each scholarship will be a minimum of \$500 (as funds are available).
3. Notification of scholarship awards will be made to recipients within 30 days after the deadline.
4. Applicants who previously received a chapter scholarship may not apply.
5. Applicants may reapply if not selected.

Participation:

Eligible applicants may apply by submitting:

1. A completed application to the Scholarship Committee which includes:
 - a. A form detailing personal data, degree pursuing, and employment information.
 - b. A letter of recommendation listing specific strengths and/or contributions to OR nursing and demonstrated in the work setting.
 - c. A personal statement of professional goals and why the applicant should be considered for this scholarship.
2. Completed **Graduated Date Verification Form**.

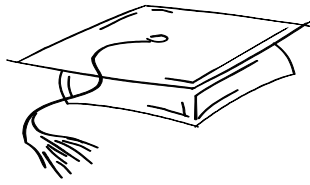
Selection of recipients is made by the Scholarship Committee.

Selection Criteria:

Application Deadline Dates: April 1 and November 1

Return to:

Kris Scaffidi SW12
Children's Hospital Central California
9300 Valley Children's Place
Madera, CA 93638



Association of Perioperative Registered Nurses
Central San Joaquin Valley Chapter

Scholarship Application

Part One

*Please fill in all blanks or enter NA (Not Applicable)
Applications with incomplete blanks will be not be processed and will be returned.*

Name: _____

Address: _____ City, State, Zip: _____

Social Security #: _____

Home Telephone: _____ Work Telephone: _____

Employer: _____

Employer Address: _____

Educational Institution: _____

Program Title: _____

Additional Means of Financial Support

Full-Time Work: _____

Part-Time Work: _____

Grants/Loans/GI Bill/Other: _____

Previous Employment Experience (List most recent first)

Employer: _____ Position: _____

Address: _____ From: _____ To: _____

Employer: _____ Position: _____

Address: _____ From: _____ To: _____

Certifications (i.e. PALS, ACLS, BLS, etc): _____

Professional Activities/Associations: _____

Signature of Applicant: _____ Date: _____

Part Two

Please attach a typed LETTER OF RECOMMENDATION listing specific strengths and/or contributions to OR nursing demonstrated in the workplace.

Part Three

Please attach a typed PERSONAL STATEMENT of professional goals, accomplishments and reason(s) why you should be considered for this scholarship.

Part Four

Please attach the completed Graduation Date Verification Form.

<p>For Completion by Scholarship Committee Only</p>
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Date Received by Scholarship Committee: _____

Letter of Recommendation Received: _____ yes ___ no ___

Personal Statement Received: _____ yes ___ no ___

Employment Dates verified: _____ yes ___ no ___

Graduation Date Verification Form: _____ yes ___ no ___

Approved: _____

Not Approved: _____

Comments:

Name of Scholarship Chairperson: _____

Signature of Scholarship Chairperson: _____

Date: _____

