

## Humanitarian Mission Scholarship Application

Name with credentials:

Address:

Telephone Number:

Email address:

Perianesthesia Nursing Experience:

Employer:

Address:

Position:

Dates of Employment:

Year joined ASPAN:

CPAN:           CAPA

Number of years of nursing:

Number of years in Perianesthesia Nursing:

### Submit the following:

- A brief resume/curriculum vitae (not more than two pages) to include professional background, continuing education participation, professional publications or presentations, honors, awards.
- A letter from the director of the mission program describing the purpose of the mission, the level of activity/involvement of all participants involved in the project; and any knowledge of any previous mission involvement on the part of the scholarship applicant (maximum of one page, typed.)
- A statement of need and expense projection describing financial need and projected expenses and how the money would be used.
- A narrative statement describing your involvement of humanitarian missions, how many missions you have participated in, and the importance of this mission. State in your own words the goal of the mission and what you hope to accomplish by participating. Describe how you see your perianesthesia practice benefiting as the result of this experience (maximum of one typed page.)

I confirm that I meet eligibility criteria and the information on this application and any document submitted within is correct to the best of my knowledge. Falsification or failure to follow all instructions will disqualify my application. I give ILSPAN permission to duplicate submitted materials for the purpose of review, conference proceedings, association publications, promotion and placement in ILSPAN files.

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Signature

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Date