

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Student Nurse Scholarship to PeriAnesthesia PRIDE Application Form

PART TWO: to be completed by Sponsor (Please print clearly or type)

Sponsored by: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

PAPAN/ASPAN membership number: _____

I recommend this candidate because: _____

Signature of Sponsor: _____

Print name: _____

CANDIDATE NOTE:

Please complete these forms and return them to the name and address listed below. Applications must be postmarked no later than August 1st. You will be notified via letter and/or phone call before September 1st. This scholarship is non-transferable and must be used for the PAPAN PeriAnesthesia PRIDE for the calendar year of the application date.

Mail to:
PAPAN Membership Committee Chair
See PAPAN Website for mailing address

Postmarked no later than August 1st