

PERIANESTHESIA NURSES ASSOCIATION OF CALIFORNIA
Alice Wise Memorial Educational Fund
Educational Scholarship Application Form

Policies governing the application and awarding of an Educational Scholarship:

- In order to apply for this educational scholarship you must be a PANAC member for at least two (2) years.
- Attach this application to the general Alice Wise Memorial Scholarship application form
- \$500 will be awarded
- You may not receive more than one scholarship or educational funding grant in any two year period.
- Awarding of the scholarship will be based on merit as evidenced by involvement with PANAC on the District and State level.
- Include two (2) current letters of recommendation.

Date: _____ Amount Requested: _____ Local District #: _____

Name: _____ CPAN ____ CAPA ____ Other _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

PANAC Member Since: _____ ASPAN Membership #: _____

Educational Information

Name of School: _____

Degree or Certification being sought: _____

Educational Goals: _____

PANAC/ ASPAN Involvement

Please list any PANAC activities you might be involved in such as: District Officer, Guest Lecturer, Helping at the Local District Level, etc. _____

Note District Meetings, PANAC Seminars, ASPAN Conferences or Workshops attended in the past _____

How will your educational experience benefit your career in PeriAnesthesia Nursing? _____

Include a one page essay on why you are deserving of this scholarship funding.

Signature: _____ Date: _____

Mail the completed application to:
PANAC – AWMF Scholarship Application
PO Box 10841 Westminster, CA 92685