FLORIDA COUNCIL OF PERIOPERATIVE REGISTERED NURSES

GERRIE HELWIG SCHOLARSHIP

Objective:

1. To aid a nursing student, who has demonstrated an interest in perioperative nursing, with financial assistance toward their studies.
2. To promote perioperative nursing as a specialty.

Criteria:

1. Finished TWO semesters at the time of application from an accredited nursing program.
2. Have demonstrated a desire to enter a perioperative nursing course internship or already have entered and completed such.
3. Have a grade point average of 3.0 or higher.

Selection:

The Scholarship Committee and Board of Directors of the Florida Council of Perioperative Registered Nurses will make the scholarship selection.

Application will contain a Certificate from Dean or Assistant Dean of nursing school, stating student is in good standing and recommended for scholarship.

Scholarship is the amount of $500.00 will be awarded at the annual convention banquet of the Florida Nursing Students Association (FNSA). No other announcement of the scholarship award will be made.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN OCTOBER 1st. NO EXCEPTIONS.

Please forward completed application to:

Connie L. Hammond RN CNOR
Scholarship Committee
Florida Council of Perioperative Registered Nurses
5207 East Whiteway Drive
Temple Terrace, FL 33617-2809
E-mail: hamco@gate.net
FLORIDA COUNCIL OF PERIOPERATIVE REGISTERED NURSES
GERRIE HELWIG SCHOLARSHIP

Please type or print:

Name ___________________________ Phone __________________

Address ____________________________________

City, State & Zip Code ____________________________________

e-mail Address _________________________________

Present Nursing School __________________________________

Currently a member of AORN ______ Yes ______ No

Attend Local Chapter meetings of AORN ______ Yes ______ No

Professional Activities (including local chapter or national participation, publications etc.)

________________________________________________________________________

________________________________________________________________________

Civic and School Activities (include church, volunteer charity organizations, clubs or other related groups).

________________________________________________________________________

________________________________________________________________________

Work Experience (list most recent first or attach resume.) Include employer, address, position and from/to:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
1. I certify that I have completed two semesters from an accredited nursing program, have maintained a 3.0 or better grade point average and that I PLAN to pursue a career in perioperative nursing following graduation.

Date ___________________ Signature ____________________________________

2. Certification and Recommendation of Nursing School (To be completed by Dean or Assistant Dean of nursing school):

I certify that said student is in good standing and recommended for this scholarship.

________________________________________
Dean or Assistant Dean of Nursing school

3. Please attach a brief (less than 250 words) summation of why you want to enter a career in perioperative nursing. In this summation, please present your definition of perioperative nursing.

4. Will you or a representative be present at the Florida Nursing Students Association’s convention banquet?    Yes ____    No ____