



AORN
SAFE SURGERY TOGETHER

AORN of San Diego County
CHAPTER 0511

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

City State Zip Code

Phone Number: _____ Email Address: _____

RN License: _____ State: _____ Credentials: _____

Employer: _____

Scholarship Information

- What Scholarship are you applying for?
- First Time CNOR Scholarship Application
 - Periop 101 Membership Renewal Grant
 - First Time AORN Conference and Expo Attendee
 - Academic Nursing Scholarship Application
 - Undergraduate Nursing Scholarship Application

For the First Time CNOR Scholarship Application ONLY	For the Periop 101 Membership Renewal Grant ONLY	For the First Time AORN Conference and Expo Attendee Scholarship Application ONLY
When did you take the CNOR exam? _____	When did you complete the Periop 101 Program? _____	Is this your first time attending AORN Global Surgical Conference and Expo? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Academic and Undergraduate Nursing Scholarship Application ONLY

Are you applying for the Academic Nursing Scholarship Application? Yes No

Are you applying for the Undergraduate Nursing Scholarship Application? Yes No

School Name: _____ Degree Pursuing: _____

Concentration: _____ Admission Date: _____

Anticipated Completion Date: _____ Student Status: Full-Time Part-Time

Anticipated Expenses Including Books? \$ _____

Do you anticipate educational reimbursement from your current employer? Yes No If yes, how much? \$ _____

Do you anticipate any other scholarship funding? Yes No If yes, how much? \$ _____

What is the total amount of funds requested from AORN of San Diego County? \$ _____

AORN Membership

AORN Membership ID (if membership is pending, place N/A): _____

Is AORN of San Diego County your primary chapter? Yes No N/A

Have you maintained your AORN membership continuously for one year? Yes No N/A

Have you ever served on the Board of Directors? Yes No N/A

Position: _____ Date Served: _____

Have you ever served as a Committee Chair? Yes No N/A

Committee: _____ Date Served: _____

Have you ever served on a Committee? Yes No N/A

Committee: _____ Date Served: _____

Within the past 12 months, how many Chapter Meetings have you attended? _____

Please indicate any other chapter involvement you have had.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Type/Sign your name, date it, and submit with all other required documents to the Scholarship Committee Chair.

Signature: _____ Date: _____