The Sheridan NAH Scholarship Application
Student Registered Nurse Anesthetists (SRNAs)

Overview
The Education Outreach Program sponsors the Sheridan National Allied Health (NAH) Scholarship to recognize individual SRNAs for exemplary clinical and leadership skills at the national level. Four $5,000 scholarships will be awarded to SRNAs from full-time, accredited anesthesiology programs in the United States.

Application Deadline

• Applications must be received by **May 31, 2017**, and the winners will be announced in **September 2017 at the AANA Conference in Seattle, WA.**

The SRNAs awarded scholarships for the application year will be chosen by the Sheridan Scholarship Committee. Winners will agree to allow the free use of their name and photograph for publicity purposes.

Scholarship Criteria
The criteria for the Sheridan NAH Scholarship is outlined below:

1. Applicants must have completed a minimum of 12 months in a full-time, accredited Anesthesiology program in the United States by the application deadline.
2. Each applicant must be nominated by one of the following program administrators:
    a. Program Director
    b. Academic Faculty Instructor
    c. Clinical Coordinator
3. The applicant must have a minimum grade point average (GPA) of 3.5.
4. The applicant must fully complete the scholarship application inclusive of all additional material.

Please see the Application Checklist for details.
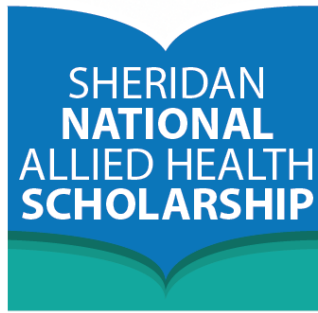
Application Checklist

Your complete application and additional materials must be received by the application deadline.

_____ The Verification Form must be completed and sent by the Program Administrator directly to the contact information listed at the bottom of this form.

_____ Complete, sign and date the Application Form.

_____ Provide three letters of recommendation: One must be from a faculty member, and two from clinical staff instructors, non-faculty members.

- Each letter of recommendation must be typed and signed by the recommendation writer.
- Each letter must be sealed and sent with the scholarship application.

_____ Provide a typed essay (not to exceed 1.5 pages) that includes both of the following topics:

- My decision to choose anesthesiology as a profession.
- What guiding principles differentiate me from the other scholarship applicants?

_____ Current Curriculum Vitae (CV).

Please note that applications that are incomplete, missing the required additional documentation, or received after the application deadline will be declared ineligible.

ALL APPLICATIONS MUST ARRIVE AS A COMPLETE PACKET VIA MAIL. NO PIECES ACCEPTED SEPARATELY VIA EMAIL. PLEASE NO STAPLES OR BINDERS.

Charlotte Dean
SRNA, Residency and Fellowship Relations Manager
7700 West Sunrise Blvd.
Plantation, Florida 33322
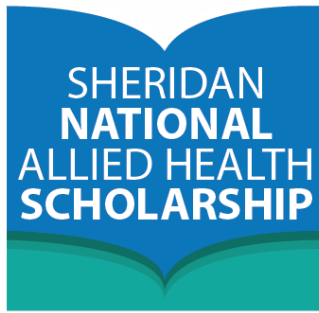
Verification Form

The Program Verification Form must be completed by the applicant's Program Administrator.
This verification form must be emailed or received by mail by **May 31, 2017**.

Name of Applicant: _____

I _____ verify that the above-named applicant is
          (Name of Program Administrator)

in good academic standing with a GPA of _____, and will have completed a minimum
                                          (GPA)

of 12 months by the deadline date.

Signature of Program Administrator: _____Date: _____

Email Address of Program Administrator: _____

Please mail this verification form included in application to:

Charlotte Dean, SRNA, Residency and Fellowship Relations Manager
Sheridan Healthcare
7700 West Sunrise Blvd
Plantation, Florida 33322
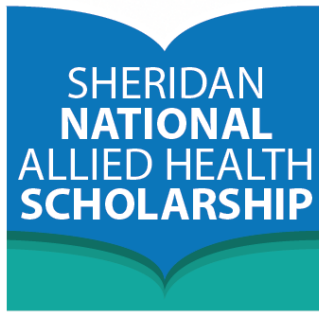
Application

Please provide the following information.

Legal Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

The applicant has been nominated for this scholarship by:

Name: _____

Title: _____

Program or Facility: _____

Phone: _____Email:_____

Nominator's Signature: _____Date: _____

Current Post Graduate Anesthesia Program:

Program Name: _____

Address: _____
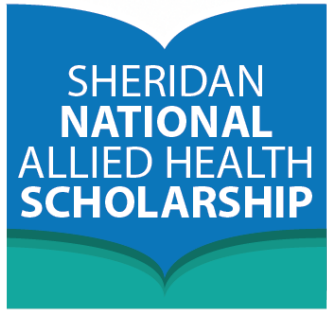
Date of Graduation (Month/Year): _____Current GPA: _____

Previous Education:

University/College Education: _____

Address: _____

From: _____ To: _____ Major: _____ Degree: _____ GPA: _____

University/College Education: _____

Address: _____

From: _____ To: _____ Major: _____ Degree: _____ GPA: _____

Application

Please provide the following information.

Letters of Recommendation:

Each letter of recommendation must be sealed separately in an envelope and included within this application. For each letter of recommendation, please complete the information below.

Name: _____Title: _____

Email: _____ Phone: _____

Program or Facility: _____

Name: _____Title: _____

Email: _____ Phone: _____

Program or Facility: _____

Name: _____Title: _____

Email: _____ Phone: _____

Program or Facility: _____

Signature:

I hereby certify that the information I have provided is true and correct.

Signature: _____ Date: _____