

AORN of the Omaha Area

Student Scholarship Application

To be eligible the student must:

- 1) Be in the **final year** of the program
- 2) Submit your available transcript with GPA

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

School address or permanent address must be within 50 miles of Omaha)

School/college/University: _____

Address: _____

City: _____ State: _____ Zip: _____

Graduating with _____ degree

Expected date of graduation: _____ (Must be summer, fall or Spring)

How many hours in the OR did your program offer? _____

As a senior, are you doing an internship in any area? _____

Personal statement in 3 sentences: (current activities related to OR nursing, interest in OR nursing and future goals.)

Current membership in professional/student organizations _____

Civic, community, church activates: # of hours (not including class requirements): _____

Other obligations—Family, Work, etc _____

Financial need (describe senior financial assistance in forms of loans, grants, scholarships, tuition reimbursements, other financial information to aid the committee.): _____

Signature: _____ Date: _____