



OHIO PERIANESTHESIA NURSES ASSOCIATION
State of Ohio Scholarship Application

Name: _____

Telephone (Home or Cell): _____

Address: _____

OPANA Seminar to be attended: Spring Fall

Scholarship Points Earned: _____ Amount Requested: _____

Accepted: Rejected:

District Scholarship Chairperson Signature: _____

Date: _____

OPANA Scholarship Chairperson Signature: _____

Date: _____

Instructions for the use of the Scholarship Record:

1. Complete both the Application and Point Record and submit to your District Scholarship Chairperson.
2. District Scholarship Chairperson should:
 - a. Total and verify the points on the Point Record
 - b. Sign and date the Application
 - c. Forward both pages to the OPANA Scholarship Chairperson. Please submit request for Spring Seminar prior to next Fall Seminar and request for Fall Seminar before next Spring Seminar.
3. One dollar per point earned will be awarded to the maximum of \$75.00 per year.
4. Applications can be made once a year and only for an OPANA Spring or Fall Seminar.