

Subject: Medical Mission Scholarship

Review Responsibility: KSPAN Board of Directors

Date Written: November 2013

Date Reviewed: July 2024

Date Revised: July 2018

Policy Statement:

The KSPAN Medical Mission Scholarship provides \$250 to an active KSPAN member who is volunteering his/her professional nursing services as a member of a medical mission team in an underserved community. Scholarship will be granted annually to provide partial compensation for out of pocket expenses.

Procedure:

1. Applicant shall be:
 - A member in good standing of KSPAN with dues current at the time of the mission.
 - Employed in any phase of perianesthesia nursing.
2. Each applicant shall complete:
 - An application form.
 - A letter from the director of the mission program confirming acceptance by the medical mission team.
 - A statement of projected expenses describing financial need and plan of how the money will be used. Expenses may include airfare, hotel reservations, meal allowances and ground transportation.
 - A narrative statement describing the goal of the mission and what you hope to accomplish by participating.
3. The completed form is sent to the KSPAN President and must be postmarked by October 31st to be considered.
4. The KSPAN BOD shall review all applications and award the scholarship by a majority vote. Applications without proper documentation shall not be considered. The Individual selected will be notified by email from the President. The name of the scholarship winner will also be published in the KSPAN newsletter.
5. Active KSPAN members may submit a scholarship request before or after service. If submitting after the Mission service, the request must be made within 60 days following completion of service.
6. If the member is awarded a scholarship prior to the Mission, proof of service must be submitted to the KSPAN President within 30 days of service. If the member withdraws from the trip for any reason, the member must return the scholarship money to KSPAN immediately.

7. The member granted a scholarship shall submit an article describing the mission experience to the Waking Crew News for publication in the next edition, or by poster presentation at the Spring or Fall KSPAN Conference.
8. Members may receive this scholarship once every two years, regardless of position. (i.e. general membership or BOD).
9. All applications will be destroyed following the event for which the award was paid.

Medical Mission Scholarship Application

Name with credentials: _____

ASPAN number: _____

Phone number: _____

Address: _____

Email address: _____

Years in KSPAN: _____

Date of application: _____

Date of Mission: _____

Mission Sponsor and Destination: _____

Purpose of Mission:

Travel Expenses (estimated expenses must be supported by documentation):

I confirm that I meet eligibility criteria and the information on this application and any document submitted within is correct and to the best of my knowledge. Falsification or failure to follow all instructions will disqualify my application.

Signature _____

Date _____