



American Association of
Nurse Anesthetists Foundation

Student Emergency Educational Scholarship (SEES)

Information Packet and Application for
SRNAs and Program Administrators

Student Emergency Educational Scholarship (SEES)

The Student Emergency Educational Scholarship (SEES) Fund was created to provide **needs-based scholarships** intended to support SRNAs experiencing financial hardship, due to a crisis and/or natural disaster, that could hinder, delay, or prevent the completion of their nurse anesthesia education. Typical scholarships do not exceed \$1,500, but applicants may request up to \$5,000. Applications for funding are limited to one application per person per event. A student can apply for SEES at any time during their nurse anesthesia program. All applications will be considered on a case-by-case basis, but funding is typically reserved for students who are within 12 months of graduation. ***It is not the policy of the AANA Foundation to be the first or only source of financial assistance.***

Applicant Qualifications:

- Applicant must be an associate member of the American Association of Nurse Anesthesiology (AANA) in good standing.
- Applicant must be enrolled full-time in a Nurse Anesthesia Educational Program accredited by the Council on Accreditation and in good standing.

Selection criteria considered:

- Crisis/Natural Disaster impacts and jeopardizes applicant's ability to graduate
- Preference may be given to applicant in the last 12 months of his/her anesthesia program
- Applicant has less than \$10,000 in cash, savings, checking accounts (not including student loan disbursements)
- Applicant has reasonably explored and exhausted all other avenues for financial assistance and/or does not qualify for other financial assistance
- Applicant has clearly communicated why assistance is being requested and how SEES funding received will be utilized specifically for completion of their nurse anesthesiology education

*****If you do not meet all of the qualifications and selection criteria listed above, you may not qualify for SEES funding at this time. Please contact us to discuss your application prior to submission.*****

Application Requirements:

Applications **must** include the following supporting documentation:

- Current letter of recommendation from the Program Administrator/Program Director of your school of anesthesia on official letterhead. The letter of recommendation should include verification of the applicant's financial hardship, address applicant's qualifications for SEES funding, and include a statement regarding the applicant's ability to graduate if funding is awarded.
- Completed Balance Sheet

Application Submission:

- Combine application and all supporting documentation into one document in PDF format. To merge multiple PDFs, visit www.pdfmerge.com.
- Complete applications should be emailed to foundation@aana.com with subject line "Student Emergency Educational Scholarship"
- Applications **must** be submitted by email.

Application Review Process:

- You will receive an email to confirm receipt of your application and verify that your application is complete (typically within one week of submission). This confirmation will also contain an estimate of when to expect a funding decision.
- Additional information or documentation may be requested if deemed necessary to make an informed funding decision. Failure to provide any additional information or documentation, if requested, will remove the application from consideration.
- The AANA Foundation reserves the right to reject incomplete applications, applications that do not fulfill all application requirements, or applicants that do not meet the qualifications to apply for SEES funding.
- Each application will be thoroughly reviewed and considered in order to reach a funding decision.
- When a funding decision has been reached, you will be notified by email. All funding decisions are final.

Please note, depending on the number of applications received, the AANA Foundation may hold applications for up to 30 days for review and evaluation of available funding. Scholarships are approved only as the balance of the AANA Foundation SEES fund permits.

Note: Any funding awarded through the SEES program do not require repayment. However, SEES recipients are encouraged to support the SEES fund with a donation when they are able in order to replenish the fund and ensure that future students can receive the same benefit.



Application for Student Emergency Educational Scholarship (SEES)
GENERAL INFORMATION

(PLEASE PRINT OR TYPE)

Amount Requested: _____

Date: _____ (mm/dd/yyyy)

Name: _____

Present Address: _____

Permanent Address: _____

Email: _____

Home/Cell Phone: _____

Date of Birth: _____

Marital Status: _____

Name of Spouse or Domestic Partner: _____

Number of Other Dependents: _____

AANA Associate Number: _____ Expected Graduation Date: _____

Nurse Anesthesia Program Information (mm/dd/yyyy)

Program Name: _____

Address: _____

Administrator's Name: _____

Phone Number: _____

Email: _____

Nature of the financial hardship: (Please check one)

Crisis Unexpected or catastrophic situations which have had a profound financial impact.

Natural Disaster A recent natural disaster that has had a profound financial impact.

Have you been awarded SEES funding in the past?

Yes No If Yes, when and how much was awarded? _____

Have you exhausted all other emergency funding opportunities prior to submitting your application?

Yes No (If no, please explain.)

Please list additional funding opportunities (e.g. federal student loans, GradPLUS loans, private student loans, bank loans, etc.) to which you have you applied and its current status (under review, approved, or denied):

Statement of Need (500 words or less): Please provide a statement that explains your need for funding that includes the nature of the disaster/financial crisis, how this jeopardizes your ability to complete your nurse anesthesia education, and how any SEES funding awarded would be utilized in order to successfully complete your nurse anesthesia education (tuition, books, computer, transportation etc.) Funds may not be used for SEE and NCE testing.

Funding considerations: Please respond yes or no to each item.

Yes No This disaster/financial crisis jeopardizes my ability to graduate

Yes No I am in the last 12 months of my anesthesia program

Yes No I have less than \$10,000 in cash, savings, checking accounts (do not include student loan disbursements in this calculation)

Yes No I have exhausted all other avenues for loans/I do not qualify for additional loans

Yes No This disaster/financial crisis involves loss of home/living accommodations or loss of primary transportation to class and clinical rotations.

Yes No I have clearly communicated in the Needs Based Essay how the funds will be utilized specifically for my education.

****If you answered “No” to any of the questions above, you may not qualify for SEES funding at this time.**

BALANCE SHEET INFORMATION

All financial details will remain confidential.

Monthly Income: **Amount**
Total Monthly Household Income (from all sources) _____

Monthly Expenses: **Amount**
Mortgage/Rent _____
Car Payment _____
Insurance Premiums _____
Transportation Costs (fuel, maintenance, etc.) _____
Credit Card Payment _____
Utilities _____
Other monthly expenses _____

Total Monthly Expenses _____

Current Assets: **Current Balance**
Cash on hand _____
Checking Account _____
Savings Accounts _____
Non-retirement Investment Accounts _____
Subtract any student loan disbursements included above (_____) _____
Total Assets: _____

Current Liabilities: **Current Balance**
Car Loans _____
Mortgage _____
Student Loans _____
Other Loans _____
Credit Cards _____
Tuition (per semester) _____
Other (Describe) _____

Total Liabilities: _____

* ___ I am unable to supply my full balance sheet details. (Please explain)

APPLICANT ACKNOWLEDGMENT & CERTIFICATION

I acknowledge that I have read and understand the Student Emergency Educational Scholarship (SEES) information including scholarship qualifications, application requirements, and conditions established to protect the SEES Fund.

I certify that I have made a reasonable attempt to secure funding from other sources prior to submitting this application.

I certify that I have provided an accurate representation of my current financial need and that any and all information provided in this application is complete and accurate to the best of my knowledge.

I understand that intentionally misrepresenting or omitting facts or providing inaccurate or false information will immediately void my application and could jeopardize my eligibility for future funding opportunities.

I attest that any SEES funds I receive will only be used for expenses related to my education and the completion of my nurse anesthesia program. Funds may not be used for SEE or NCE testing.

I acknowledge that funding awarded through the SEES program will not require repayment and understand that, in order to ensure the longevity of the SEES program and replenish the SEES fund in order to assist future SRNAs in need of emergency assistance, all SEES recipients are encouraged to support the SEES fund with a donation when they are able.

Date: _____

Signature: _____