

# FLORIDA COUNCIL OF PERIOPERATIVE REGISTERED NURSES

## GERRIE HELWIG SCHOLARSHIP

### Objective:

1. To aid a nursing student, who has demonstrated an interest in perioperative nursing, with financial assistance toward their studies.
2. To promote perioperative nursing as a specialty.

### Criteria:

1. Finished TWO semesters at the time of application from an accredited nursing program.
2. Have demonstrated a desire to enter a perioperative nursing course internship or already have entered and completed such.
3. Have a grade point average of 3.0 or higher.

### Selection:

The Scholarship Committee and Board of Directors of the Florida Council of Perioperative Registered Nurses will make the scholarship selection.

Application will contain a Certificate from Dean or Assistant Dean of nursing school, stating student is in good standing and recommended for scholarship.

Scholarship in the amount of \$500.00 will be awarded at the annual convention banquet of the Florida Nursing Students Association (FNNSA). No other announcement of the scholarship award will be made.

**ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN OCTOBER 1st. NO EXCEPTIONS.**

Please forward completed application to:

Connie L. Hammond RN CNOR  
Scholarship Committee  
Florida Council of Perioperative Registered Nurses  
5207 East Whiteway Drive  
Temple Terrace, FL 33617-2809  
E-mail: hamco@gate.net

FLORIDA COUNCIL OF PERIOPERATIVE REGISTERED NURSES

GERRIE HELWIG SCHOLARSHIP

Please type or print:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

e-mail Address \_\_\_\_\_

Present Nursing School \_\_\_\_\_

Currently a member of AORN \_\_\_\_\_ Yes \_\_\_\_\_ No

Attend Local Chapter meetings of AORN \_\_\_\_\_ Yes \_\_\_\_\_ No

Professional Activities (including local chapter or national participation, publications etc.)

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Civic and School Activities (include church, volunteer charity organizations, clubs or other related groups).

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Work Experience (list most recent first or attach resume.) Include employer, address, position and from/to:

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1. I certify that I have completed two semesters from an accredited nursing program, have maintained a 3.0 or better grade point average and that I PLAN to pursue a career in perioperative nursing following graduation.

Date \_\_\_\_\_

Signature \_\_\_\_\_

2. Certification and Recommendation of Nursing School (To be completed by Dean or Assistant Dean of nursing school):

I certify that said student is in good standing and recommended for this scholarship.

\_\_\_\_\_  
Dean or Assistant Dean of Nursing school

3. Please attach a brief (less than 250 words) summation of why you want to enter a career in perioperative nursing. In this summation, please present your definition of perioperative nursing.

4. Will you or a representative be present at the Florida Nursing Students Association's convention banquet?    Yes \_\_\_\_\_    No \_\_\_\_\_