



American Society of  
Ophthalmic Registered Nurses  
Specialists in Eye Care

# Advanced Educational or Training Scholarship Application

Two \$750 ASORN scholarships, sponsored by Pelion Surgical, are awarded each year.

## APPLICANT INFORMATION

Name \_\_\_\_\_ Home telephone \_\_\_\_\_  
Address \_\_\_\_\_ Work telephone \_\_\_\_\_  
\_\_\_\_\_ Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_

## COLLEGE OR UNIVERSITY INFORMATION

Institution name \_\_\_\_\_ Admission date \_\_\_\_\_  
Address \_\_\_\_\_ Degree pursued \_\_\_\_\_  
\_\_\_\_\_ Anticipated completion date \_\_\_\_\_

## PERSONAL AND PROFESSIONAL RESUME

Number of years in ASORN \_\_\_\_\_ Number of years in ophthalmology \_\_\_\_\_  
Professional Ophthalmic Certification ? Yes ? No Year of certification \_\_\_\_\_  
Recipient of scholarship in previous year(s) ? Yes ? No Year(s) award received \_\_\_\_\_  
National ASORN committees (include year) \_\_\_\_\_  
Personal reference (name and phone number): \_\_\_\_\_ Professional reference (name and phone number): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PROFESSIONAL STATEMENT

Please attach the following to this form:

Statement of: 1) your professional goal; 2) your rationale for the selection of this specific area of study; and 3) the impact of this educational pursuit on the art and science of your ophthalmic practice. **Please note that this statement will be of major importance in selecting the scholarship recipients.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

***All applications must be received by June 1 of the current year.***

Return application form to: ASORN • P.O. Box 193030 • San Francisco, CA 94119 • (415) 561-8513 • Fax (415) 561-8531