

The National Board of Surgical Technology and Surgical Assisting



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING

2011 NBSTSA
Student Scholarship
(The Sandra Edwards NBSTSA Scholarship Fund)

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) is committed to the advancement of surgical technology and surgical assisting, as well as the continuing education of individuals entering and working within the profession. The 2011 NBSTSA Scholarship Program is designed to assist students in pursuing their education via NBSTSA recognized surgical technology and surgical assisting programs. The 2011 program includes \$1000 (full) and \$500 (partial) scholarship awards. Scholarships are awarded annually prior to the AST National Conference.

NBSTSA Student Scholarship

Requirements for consideration:

1. Completed and signed application (section two must be completed by the program director or their designee).
2. Proof of attendance in a NBSTSA recognized surgical technology or surgical assisting program.
3. Official transcript verifying your cumulative GPA (based on a 4.0 scale).
4. Submission of an original essay, minimum 1,200 words (maximum 1,500 words), describing how this award will assist you in reaching your educational objectives and the ultimate goal of being a surgical technology or surgical assistant practitioner. Essays must be typed or word-processed.
5. Letter of recommendation from a mentor/ preceptor related to the student's educational process evaluating the student's potential for a career in the profession of surgical technology or surgical assisting.

Scholarship applications will not be considered unless completely filled out, signed, and accompanied by all appropriate supporting documentation. ***Application must be received by March 31, 2011.***

Send the completed application with supporting documentation to:

NBSTSA

6 West Dry Creek Circle Suite 100

Littleton, CO 80120

Attn: Scholarships

NBSTSA Scholarship Application

Must be received by March 31, 2011

Section One: To be completed by the applicant. Please print or word process.

Last Name _____ First _____ Middle Initial _____

Telephone _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

Name of NBSTSA Recognized Program _____

City _____ State _____

Program Director _____

Date Enrolled _____ Anticipated Completion Date _____

1. Why do you want to become a surgical technologist or surgical assistant? Describe your background and explain your career goals.

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2. Please provide your grade point average (GPA) _____

6. List any awards you have received for school or extracurricular activities.

7. Explain why you are applying for this award and include reasons such as financial need, merit etc.

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I certify that I have completed this application and that it is true, correct, and complete to the best of my knowledge and belief. I further certify that I am the sole author of the paper submitted for consideration. I hereby authorize the release of all information contained in this application packet, as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review any and all documents pertaining to my scholarship application once submitted for consideration.

Signature: _____ **Date:** _____

Scholarship recipients will be notified and announced at the AST Annual Conference. Recipients will be posted online at www.nbstsa.org. Scholarship recipients consent to the release of biographical information and a photograph for publications related to announcement of scholarship awards.

Section Two: To be completed by the program director or designee. Please print or word process.

Last name of applicant _____ First _____

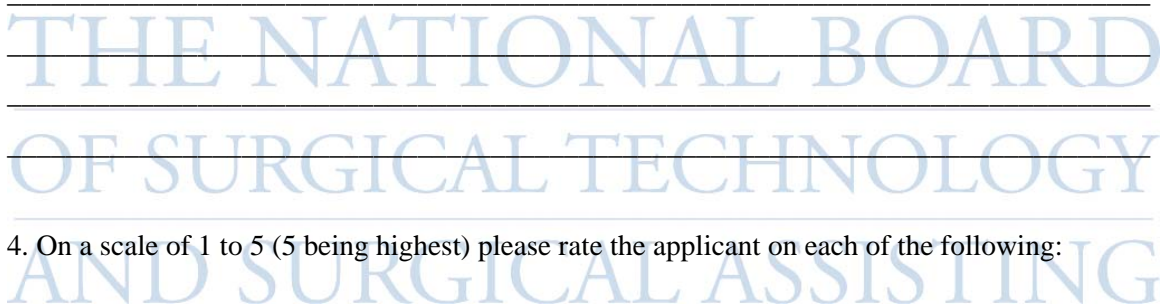
1. Has the applicant's attendance record been entirely satisfactory? Yes No
If no, please explain.

2. Please provide an assessment of the applicant's overall performance in the program.

3. Why do you feel this applicant is an optimal candidate for a scholarship award?

4. On a scale of 1 to 5 (5 being highest) please rate the applicant on each of the following:

a) Cooperation	1	2	3	4	5
b) Class Participation	1	2	3	4	5
c) Interpersonal Relationships	1	2	3	4	5

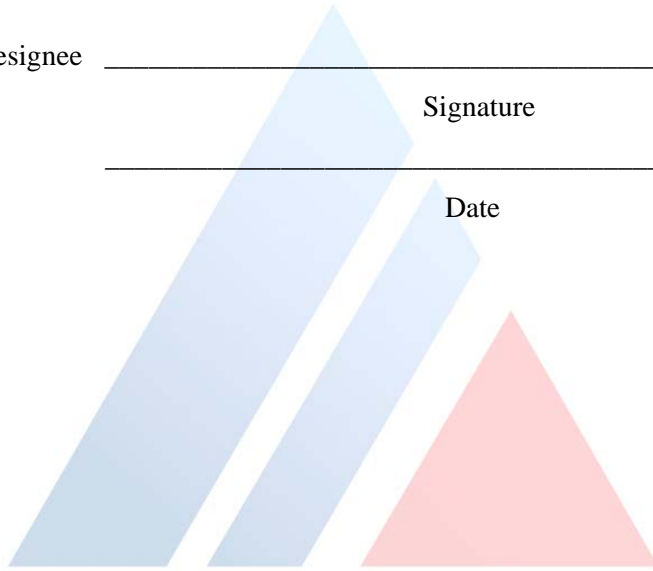


5. Please provide any additional information that may assist in establishing scholarship eligibility for this applicant.

Program Director/ Designee _____

Signature

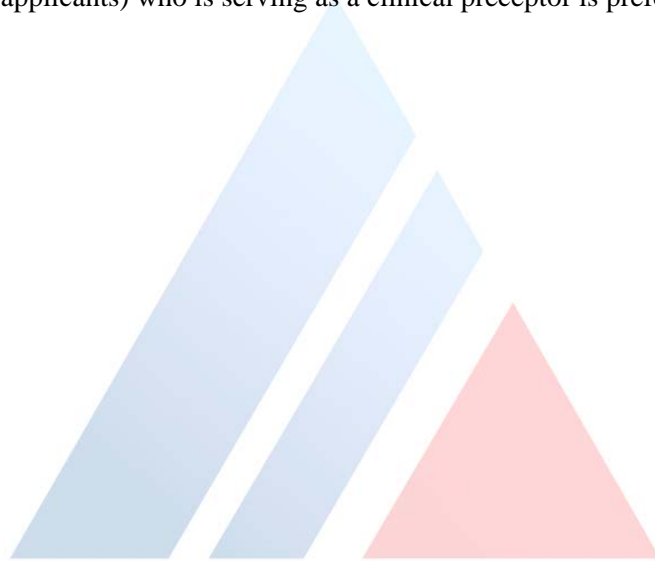
Date



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Section Three: To be completed by a mentor/ preceptor to the applicant. Please print or word process.

Provide a letter of recommendation attesting to and evaluating the applicant's potential for a career in the profession of surgical technology or surgical assisting. For an applicant in the clinical portion of the program, a recommendation letter from a Certified Surgical Technologist (for surgical technologist scholarship applicants) or a Certified First Assistant (for surgical assistant scholarship applicants) who is serving as a clinical preceptor is preferred.



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