TEXAS ASSOCIATION OF PERIANESTHESIA NURSES

Subject: TAPAN Medical Mission Scholarship Review Responsibility: TAPAN Executive Board

Resource: TAPAN Executive Board

Effective Date: November 2011

Reviewed: October 2016; October 2019

Review Due Date: October 2022

M-004

Purpose:

To assist active TAPAN members with out of pocket travel expenses incurred for volunteer service as a member of a medical mission team.

Policy:

The TAPAN Medical Mission Scholarship is granted to an active TAPAN member who **volunteers** his/her professional nursing services as a member of a medical mission team in an underserved community.

Procedure:

1. Active TAPAN members may submit a written application for a Mission Scholarship once annually to the TAPAN 2nd Vice President.
2. The amount of scholarship funds available and the number of scholarships shall be determined by the TAPAN Board during TAPAN’s annual budget allocation. Individual mission scholarship amounts shall be allocated by majority vote of the TAPAN Board.
3. Proof/confirmation of acceptance by the medical mission team must accompany the scholarship application.
4. Estimated travel expenses must be submitted with the scholarship request. Expenses may include airline tickets, hotel reservations, meal vouchers/receipts, and ground transportation.
5. Active TAPAN 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 Mission service, proof of service must be submitted to the TAPAN 2nd Vice President within 30 days of service. If the

member withdraws from the trip for any reason, the member must notify the TAPAN 2nd Vice President and the scholarship money must be returned to TAPAN immediately.

1. Scholarship recipients shall submit an article describing the mission experience to the Eyeopener editor for publication in the next edition. Appropriate photos of the member with the Mission Team are encouraged as an illustration for the article. The 2nd Vice President shall follow-up to ensure compliance.

APPLICATION FOR TAPAN MEDICAL MISSION SCHOLARSHIP

M-004(a)

Name of Applicant: ASPAN Member Number: TAPAN Region Name: Date of Application: Dates of Mission:

Mission Sponsor:

Mission Destination:

Purpose of Mission:

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

Ground Transportation Hotel/Accommodations Meal Allowance

* Proof of Service due on completion of mission. Please submit confirmation of service signed by the sponsor or mission organizer.