



American Association of  
Nurse Anesthetists Foundation

Criteria for Emergency Educational Grants

Information Packet and Application for:  
Program Directors  
Nurse Anesthesia Students

The Emergency Educational Grant Program is intended to support student nurse anesthetists during times of financial hardship and natural disaster. We anticipate the funding to vary according to need (one time application per person, up to \$5,000). A Spanish version of this application is available. To request a copy, please email [foundation@aana.com](mailto:foundation@aana.com). Note: Your Program Administrator must translate your application to English and submit with your original Spanish version.

## I. Student Nurse Anesthetists Applying for an Emergency Educational Grant

**\*Note: The year of graduation requirement (noted with asterisks\*) will be waived for students affected by a recent natural disaster (a major adverse event resulting from natural Earth processes such as severe floods, hurricanes, tornadoes, volcanic eruptions, earthquakes, tsunamis, and other geologic processes. A natural disaster usually causes loss of life and severe property/economic damage). The AANA Foundation reserves the right to determine what constitutes a natural disaster, on a case by case basis.**

### A. Qualifications to apply:

1. An associate member of the American Association of Nurse Anesthetists.
2. SRNAs may apply only within one year of graduation from nurse anesthesia school. \*
3. SRNAs must attest that the amount up to \$5,000 stipend will be adequate to complete the program to the best of their knowledge.
4. Application must be submitted by the student's Program Administrator, along with his/her letter of support. Program Administrators must also attest that the student is capable of completing the program to the best of their knowledge.



***If you cannot meet ALL criteria above, you are NOT eligible for this grant.***

### B. Financial need requirements:

1. Unexpected medical expenses, either for student applicant or applicant's immediate family member, including parent, spouse, legal domestic partner, or dependent.
2. Unexpected or catastrophic situations which have had a profound financial impact.
3. Non-allowable financial needs may include but are not limited to: car payments, insurance premiums, income taxes, legal/court costs, moving expenses, recreational expenses, wedding expenses, etc.
4. Evidence of requesting financial assistance from other parties (e.g., personal loans, federally guaranteed loans, or other) is required.

NOTE: EQUALLY IMPORTANT AS PROOF OF THE FINANCIAL NEED IS THE APPLICANT'S DOCUMENTATION OF HIS OR HER ATTEMPT TO OBTAIN OTHER FINANCIAL ASSISTANCE outside of student loans (e.g., personal loans, federally guaranteed loans, or other). You must provide written evidence that you have been rejected for private loans, or do not qualify. IT IS NOT THE POLICY OF THE AANA FOUNDATION TO BE THE FIRST OR ONLY SOURCE OF FINANCIAL ASSISTANCE TO STUDENT NURSE ANESTHETISTS.

### C. Application Procedures: (One time application per person only)

1. Mail the completed application to the attention of Emergency Educational Grant Program, AANA Foundation, 222 S. Prospect Avenue, Park Ridge, IL 60068, or email all documents in one file to [foundation@aana.com](mailto:foundation@aana.com).
2. Include a current letter of recommendation to the AANA Foundation Executive Director from the Program Administrator of your school of anesthesia on official university letterhead regarding both academic and personal qualifications, prediction of successful completion of the program, and verification of catastrophic need.
3. Attach a completed copy of the most current FAFSA form available.
4. Attach the three most recent statements from each asset listed on the balance sheet.
5. You must combine all supporting documents into one document. If you have multiple documents, please convert all into PDF format. To merge multiple PDFs, visit [www.pdfmerge.com](http://www.pdfmerge.com).

D. Application Review Process:

1. The AANA Foundation shall review your request after receipt of your completed application, letter of recommendation, FAFSA form and financial institution statements. The Executive Director reserves the right to reject any application that does not fulfill all requirements of the program.
2. You will receive acknowledgement of your completed application within two weeks of receipt, and be given an estimated timeframe of the decision. The grant will be reviewed and approved by the Foundation's Executive Board and affirmed by the full Board. Once the Foundation has made a decision on your financial request, you will be notified in writing. If your financial request is approved, we will send you an Emergency Educational Grant Agreement Form and W-9. Upon completion and submission of those forms, funds will be released.

E. Grant Amounts:

1. The total amount of money from the AANA Foundation Emergency Educational Grant Program, if approved, will be based on the student's need (one time application per person, up to \$5,000).

**NOTE: GRANTS ARE APPROVED ONLY AS THE BALANCE OF THE AANA FOUNDATION EMERGENCY EDUCATIONAL GRANT PROGRAM PERMITS.**



## Application for Emergency Educational Grants

### GENERAL INFORMATION

Amount of Funds Requested: \_\_\_\_\_ Date: \_\_\_\_\_

*If you cannot answer YES to the three statements below, you are not eligible for this grant.*

- Yes I am within one year of graduation from nurse anesthesia school. \*
- Yes I attest that the stipend will be adequate to complete the nurse anesthesia program to the best of my knowledge.
- Yes I, the Program Administrator, attest that this student is capable of completing the program.

(Please print or type)

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

State of Legal Residence: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Number of Other Dependents: \_\_\_\_\_

US Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

AANA Associate Number: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Nurse Anesthesia Program: \_\_\_\_\_ (mm/dd/yyyy)

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Administrator's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_

Statement of Financial Need (In order to appreciate the severity of need, include a detailed statement of why the funds are requested, and how they will be utilized. Use more paper if necessary.)

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## MONTHLY INCOME/EXPENSE INFORMATION

(This form must be completed. Do not attach budgets in lieu of form.)

### Monthly Income:

Family Financial Assistance	_____
Student's Income	_____
School Stipend	_____
Military Income	_____
Spouse's Income (or Domestic Partner)	_____
Child Support (Optional)	_____
Alimony (Optional)	_____
City, State or Federal Aid	_____
Scholarship, etc.	_____
Other (Describe)	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total Monthly Income** \_\_\_\_\_

### Monthly Expenses:

Rent/Mortgage	_____
Utilities	_____
Food	_____
Telephone	_____
Child Care	_____
Auto Payments	_____
Transportation	_____
Clothing	_____
Insurance (Auto, Life, Health, etc.)	_____
Loan Payments	_____
Credit Card Payments	_____
Other (Describe)	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total Monthly Expenses** \_\_\_\_\_

## BALANCE SHEET INFORMATION

(This form must be completed. Do not attach budgets in lieu of form.)

### Current

Cash  
Checking  
Savings  
Savings Bonds  
Investments (Stocks, Bonds, etc.)  
401k, 403b or comparable employer retirement plan  
Traditional IRA  
Roth IRA  
Pension  
Other Investments  
Real Estate  
Other (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Assets

### Assets

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Liabilities/Debts:

Car Loans  
Mortgage  
Student Loans  
Other Loans  
Credit Cards  
Tuition Due/Semester  
Other (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Debts

### Debts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REQUIRED SIGNATURE

I have read the information in this packet, and fully understand the conditions established to protect the Student Emergency Educational Grant. To the best of my knowledge, the enclosed information is a true representation of my current financial condition.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_