2020 Wisconsin Perfusion Society Scholarship Essay

You’re going to school to be a perfusionist! According to the American Board, there are 4,323 Certified Clinical Perfusionists. (No wonder we get asked what a perfusionist is all the time!) For this scholarship, submitted essays will be pertaining to an aspect of Perfusion that you find interesting, fascinating, or scientifically amazing. Explain why you think a certain procedure, drug, science, equipment, etc. is interesting to you and why it is important in Perfusion. Explain how the idea was developed into what we use today and the overall impact it has in relation to perfusion.

Winning scholarships will be awarded $1000. More than one scholarship may be awarded at the discretion of the review committee.

Requirements:

- Applicants must be a current student in an accredited perfusion program and not currently employed as a Perfusionist. A testimonial from the program director verifying status must be signed on the essay submission form.
- Essays must be typed and submitted in MS Word.
- Essays must be more than 500 words. References cited do not count toward total word count.
- Applicants are encouraged to cite references.
- Please do not reference your educational program within the body of the essay
- Deadline for essay submission is February 23, 2020.
- Essay, application form with program director testimonial must be sent to heibrittany@gmail.com.
- Winning applicants will be notified by March 11th, 2020.
- Winning applicants will be recognized at the 2020 Wisconsin Perfusion Society meeting on March 21st, 2020. Winning applicants are encouraged to attend but not required. Please see www.wisperfusion.org for meeting information.
- Incomplete applications will not be accepted for review, no exceptions.
2020 WPS Scholarship Essay Application Form

Applicant Name: ________________________________

Street Address: ________________________________

City, State, Zip: ________________________________

e-mail Address: ________________________________

Perfusion Program: ______________________________

Program Director Testimonial

I, (program director name) __________________________ verify that

(student name) ____________________________ is a Perfusion student in
good standing at the (name of school) ______________________________

__________________________________________
Program director signature                       Date