

Title: Continuing Education Scholarship Program	Number:
Cross Reference:	
Approved by: San Antonio ENA Board of Directors	Origination Date: July 7, 2026
Revised by:	Approval Date: July 7, 2026
	Revision Date:

I. **PURPOSE:**

The San Antonio Emergency Nurses Association's (SAENA) Continuing Education Scholarships Program (CE Scholarship) is to help reimburse SAENA members' personal (out of pocket) educational expenditures related to the registration fees for emergency nursing related conferences/seminars/lectures the member attends.

II. **BACKGROUND/DEFINITIONS:**

SAENA CE Scholarship reimbursements only apply to the portion of the education event registration fee not already covered by the member's facility, other organizations or other educational scholarships.

CE Scholarship reimbursement will be a maximum of 50% of the education event's uncovered registration fee shown on the event's official receipt, up to a limit of \$250.

III. **PROTOCOL/PROCEDURE:**

CE event registration reimbursement is limited to applicants:

- With at least one (1) year of ENA membership
- Attendance at 50% of the chapter meetings during a 12-month period prior to the date of the educational event.
- No previously approved CE Scholarship within 12 months prior to the date of the applied for educational event.

CE Scholarship submission timeframe: from 30 days prior to the event until 30 days after the event.

- If the application is submitted prior to the event, the applicant **MUST** complete all CE Scholarship requirements within 30 days after the educational event.

The approved CE Scholarship reimbursement will be distributed after the educational event is held and the applicant submits the following scholarship requirements to the CE Scholarship Committee:

- Proof of attendance (ex. copy of CE certificate)
- Proof of registration fee payment including amount paid

- Identification of all other organization's reimbursements/scholarships for the same educational event
- Submission of a 100-word summary of professional/educational goals met by attending the educational event.

All inquiries regarding application submissions should be directed to:

SAENA Scholarship Committee
Email: SAENAScholarships@satx.rr.com



San Antonio Emergency Nurses Association Continuing Education Scholarship Program Application

All applicants must complete this section.

Date of Application* _____

Full Name* _____

Your Credentials* _____

Address*

Street Address _____

Street Address Line 2 _____

City State / Province _____

Postal / Zip Code _____

Your Personal E-mail* _____

Your Mobile Phone Number* _____

Your ENA Membership Number* _____

Your ENA Membership Expiration (If lifetime member, use 01/01/2099)* _____

Name of the educational event _____

Date of the educational event _____

Location of the educational event (city, state) _____

Overview of the educational event _____

Sponsor of the educational event _____

Did you Receive any other funding covering any portion of the registration fee for this educational event?

☐ Y ☐ N

If Yes, by whom and how much?

- Submit a Short Statement of Financial Need for a Scholarship. (Not to exceed 100 word) *
- Upload proof of registration fee payment (must include amount paid).
- Upload proof of attendance at the educational event. (ex. copy of CE certificate)
- Submission of a 100-word summary of professional/educational goals met by attending the educational event.