



# New York State Association of School Nurses

[www.nysasn.org](http://www.nysasn.org)

"Caring for New York's Future"

## **CHARLOTTE GRACE MEMORIAL SCHOLARSHIP APPLICATION**

*Please print or type:*

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

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

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

**EDUCATION:** Official transcript from current school must be sent directly to the:

Scholarship Committee Chairperson:

**Mary Fitzpatrick**  
**445 Jackson St**  
**Oceanside NY 11572**

An official transcript must be received by scholarship application deadline of  
September 15, 2017 for the application to be considered complete.

The applicant is working towards the following degree:

	# Credits Required	# Credits Achieved
<input type="checkbox"/> Bachelors of _____ Degree in _____	_____	_____
<input type="checkbox"/> Masters of _____ Degree in _____	_____	_____
<input type="checkbox"/> Other (please indicate): _____	_____	_____

**EMPLOYMENT HISTORY:** Please include dates of employment beginning with current employment.

*Attach additional sheet(s) as needed*

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**ORGANIZATIONAL ACTIVITIES:** Please include the year you became a member of NYSASN, for confirmation purposes.

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**COMMUNITY ACTIVITIES:**

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**AWARDS/SPECIAL RECOGNITION/ACCOMPLISHMENTS:**

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**PHILOSOPHY STATEMENT REGARDING SCHOOL NURSING:** In approximately 200 words, include a description of your education major and how this degree will complement your school nursing practice.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_