



New York State Association of School Nurses

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:

*Gail Hall, RN
Scholarship Committee Chairperson
282 Langford Creek Road
Van Etten, NY 14889*

An official transcript must be received by scholarship application online of
September 15, 2018 for the application to be considered complete.

The applicant is working towards the following degree:

		# Credits Required	# Credits Achieved
Bachelors of _____	Degree in _____	_____	_____
Masters of _____	Degree in _____	_____	_____
Other (please indicate): _____		_____	_____

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

Attach additional sheet(s) as needed

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

COMMUNITY ACTIVITIES:

AWARDS, RECOGNITION/ACCOMPLISHMENTS:

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

Signature: _____ **Date:** _____