



# 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: \_\_\_\_\_

\_\_\_\_\_

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

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

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

**Lou Ann Gleason MSN, RN**  
Scholarship Committee Chairperson  
**PO Box 35 Ellisburg, NY 13636**

An official transcript must be received by scholarship application deadline of  
September 15<sup>th</sup>, 2019, for the application to be considered complete.

The applicant is working towards the following degree:	# Credits Required	# Credits Achieved
<input type="checkbox"/> Bachelor of _____ Degree in _____	_____	_____
<input type="checkbox"/> Master 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*

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

**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:** \_\_\_\_\_

03/18 Reviewed.SSmith.Bylaws Chair and committee  
04/11 Typed (J.Janssen)  
02/11 Reviewed/Revised (K. Cofino)  
04/05 Reviewed/Revised (Approved by BOD)  
03/03 Typed (D. Cashin)  
04/02 Reviewed/Revised (D. Cashin)  
04/97 Reviewed/Revised (C. Calarco)