



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: _____

Cell/Home Telephone: (____) _____ Work Telephone: (____) _____

Email: _____

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

**Geraldine Plechner, RN
Scholarship Committee Chair
109 Van Bomel Blvd.
Oakdale, NY 11769**

An official transcript must be received by scholarship application deadline of
September 15th, 2021, 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.

COMMUNITY ACTIVITIES:

AWARDS/SPECIAL RECOGNITION/ACCOMPLISHMENTS:

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)