

Appendix IV

Association of School Nurses of Connecticut

SCHOLARSHIP APPLICATION

Name:

Home Address:

Employer's name:

Employer's Address:

Enrolled In:

College or University

Mail to:

Scholarship Chair

Postmarked by December 31.

Your written statement must accompany this application.

A Statement written by the applicant of not more than one hundred words on how the acquired knowledge gained through this degree program will be implemented in the area of school health must accompany the application.

Scholarship

Description:

The Scholarship Program is tangible evidence to members and educational institutions that the Association of School Nurses of Connecticut has an interest and a commitment to the continuing education of the School Nurse.

Eligibility:

1. is currently an active member of ASNC and has been an active member for at least two (2) years.
2. has a current license to practice nursing in the State of Connecticut.
3. provides documentation of present enrollment in a planned collegiate program, for a baccalaureate or masters degree in nursing or a school health related field.