Somerset County School Nurses Association
School Nurse Scholarship
2022 Guidelines and Application

The Somerset County School Nurses Association (SCSNA) is a voluntary professional organization that provides continuing education for its members and promotes high standards of care to meet the needs of the students and staff in our county schools. School Nursing is a specialty within the nursing profession. As a professional organization we want to promote school nursing by providing a $1000.00 scholarship to an eligible school nurse wishing to advance her/his career through further college or university education.

2022 Nurse Scholarship Guidelines

Applicant Eligibility: (all items must be met)

1. Must be an Registered Nurse currently working as a school nurse providing direct care to students **and** employed by a Somerset County Board of Education or residing in Somerset County, New Jersey.
2. Must be currently attending a college or university graduate health care program or enrolled in a NJ state school nurse certification program.
3. Must have earned a G.P.A. of 3.0 or better in certification or graduate courses.
4. Must be a member of the SCSNA. Please note that additional consideration will be given to applicants who have taken an active role as a member in the SCSNA.

Application Process and Requirements:

1. Application: Complete, sign and submit application including information on **all** awarded scholarships, tuition reimbursement and/or financial aid. Do not leave any sections of the application blank. If any of the sections on the application do not pertain to you, write N/A. If you need more space to explain any answers, put all of the information on a blank sheet of paper and attach it to the application. If any sections of the application are blank or if there is missing or incomplete requirements, it is less likely that the committee can make a properly informed decision about rewarding you the scholarship.
2. Essay: Compose and submit an essay of approximately 500 words. Be sure the essay has a title and your name in the top left corner. The essay should be personal and should explain your decision to pursue CSN certification or a graduate degree in health care. It should describe how the CSN certification or the graduate degree fits your career goals and you should identify two future career/personal expectation your advanced degree will enable you to achieve or pursue.
3. Resume: Prepare and submit a resume (≤ 2 pgs.) highlighting work experiences related to nursing.
4. College transcript: Request a current college transcript as evidence of enrollment and GPA.
5. Recommendation Letters: Request two letters of recommendation for scholarship: One of the recommendation letters should be from a nursing colleague or health care professional. Both recommendation letters are ***to be e-mailed only by their authors to Cynthia J. Lisk RN at scholarshipscsna@gmail.com.***
6. Submission: Email your application, essay, resume and transcript to Cynthia J. Lisk, RN at scholarshipscsna@gmail.com. **All documents should be submitted in PDF format preferably as 1 PDF file.**
7. Due Date: All application requirements: application, essay, resume, copy of college transcript, and letters of recommendation must be **emailed by April 15, 2022** to qualify. Missing or incomplete requirements or late documents will eliminate your application from consideration.
8. Award Notification: Scholarship recipients will be notified of decision by end of June, 2022.

Somerset County School Nurses Association
School Nurse Scholarship Application: 2022

Applicant Name			
Address:			
Home phone #		Cell #	
E-Mail Address			
Employer		Phone #	
Address of employer			
College of Nursing or University Currently Attending	Name		
	Address		
Number of years as member of SCSNA			
Roles/ activities assisted with as member of SCSNA			

College/University Cost of Tuition Per Course: Amount $_____	Number of Courses enrolled per semester:	Estimated Cost of Books/Supplies/Fees per semester:
Estimated Financial Assistance (Scholarships/Financial Aid):	Scholarship Title: Use separate sheet to list names of any other submitted scholarships opportunities with status of application (for ex: awarded, declined or decision pending)	Not receiving any (check all that apply) ☐ Scholarships ☐ Financial aid ☐ Tuition reimbursement
Employer reimbursement amount per course: Amount$:_____ Per Semester	Subsidized Financial Aid: Amount: $_____ Per Semester	Unsubsidized Financial Aid: Amount: $_____ Per Semester

Letters of Recommendations will be sent from the following: It is strongly advised that one of these recommendations is from a medical professional you have worked with in the past year.		
Name	***Relationship to applicant***	***Contact Information: Phone/email***
1.		
2.		

Required Applicant Affirmation: I have been enrolled in the above named college or university CSN certification or graduate health care program. I intend to attend this institution and to pursue a NJ school nurse certification or a graduate health care degree. I give permission for a representative of the Somerset County School Nurse Association to contact my college/university or employer to verify the information I have provided. If this college/university or school district has any reluctance to release information because of privacy or confidentiality laws, concerns or sensibilities, I waive those rights and urge the institution to cooperate with S.C.S.N.A. This waiver and release is limited to information needed to verify my qualifications for this scholarship.

Applicant Signature:	Date: