**Camden County School Nurses’ Association**

**Scholarship Announcement**

**AWARD: $1000**

**ELIGIBILITY: Graduating senior from any high school in Camden County who is planning to pursue a career as a Registered Professional Nurse (RN).**

**APPLICATION PROCEDURE:**

1. **Obtain the Application Form from the Guidance Office and complete all information.**
2. **Meet with School Nurse for personal interview.**
3. **Obtain a Letter of Recommendation from the School Nurse.**
4. **Obtain a Letter of recommendation from other source, non-relative (teacher, guidance, etc.).**
5. **Obtain an Official High School transcript.**
6. **Submit a Student Essay: What led you to choose nursing as a career and why you think you would make a great nurse!**
7. **Optional: Personal Resume.**
8. **Return your *COMPLETED* application and required documentation to the School Nurse by March 22, 2019. She will submit it to CCSNA by the deadline.**

**DEADLINE FOR SUBMISSION: April 5, 2019**

**\*All applications must be complete to be considered for the scholarship.\***

**Award is contingent upon presentation of Letter of Acceptance to College/University.**

**PRESENTATION: Award will be presented at the *Camden County School Nurses’ Association* Award Dinner Meeting on May 8, 2019.**

**Camden County School Nurses Association**

**Scholarship Application Checklist**

**School Nurse**: Please complete and submit this form with each application packet. Please initial each item and print and sign your name where requested.

**Incomplete applications will not be considered**.

**Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Nurse**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Document**  **Completed and included**

1. Application \_\_\_\_\_\_\_\_\_\_\_\_
2. Letter of recommendation from School Nurse \_\_\_\_\_\_\_\_\_\_\_\_
3. Second Letter of recommendation \_\_\_\_\_\_\_\_\_\_\_\_\_

Must be from nonrelative

1. Official Transcript \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Essay \_\_\_\_\_\_\_\_\_\_\_\_\_
3. Resume/CV \_\_\_\_\_\_\_\_\_\_\_\_\_

*CAMDEN COUNTY SCHOOL NURSES’ ASSOCIATION*

*SCHOLARSHIP APPLICATION*

***APPLICATION INSTRUCTIONS****:*

*The Camden County School Nurses’ Association is offering a $1000.00 scholarship to a graduating high school senior from Camden County who is planning to pursue a career as a registered professional nurse (R.N.).*

*This application must be completed and returned to your high school nurse* by ***March 22, 2019****\_\_\_*

***I.******PERSONAL INFORMATION***

*NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Street City State Zip Code*

*PHONE: (home) (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ (cell) (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_*

*DATE of BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***II.******EDUCATION***

*HIGH SCHOOL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_*

*ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Street City State Zip Code*

*DATE of GRADUATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*You must include an official school transcript showing your grade point average.*

***III.*** *Please submit a resume reflecting your extracurricular activities, community activities, and employment.*

***IV.******CAREER GOALS***

*A. Have you applied to and/or been accepted by a nursing school or college? YES NO (circle one)*

*If yes, please complete the following for each school:*

*NAME of SCHOOL APPLIED? ACCEPTED?*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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***B.*** *Which school do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***C****. Provide a copy of the acceptance letter to the college or nursing program*

***VI. RESUME***

***VII. Please attach an essay*** *about what led you to choose nursing as a career and why you think you would make a great nurse!*

***I confirm that the above information is true and accurate, and that I believe myself eligible for this scholarship.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature Date*

***THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:***

1. ***RECOMMENDATION FROM HIGH SCHOOL TEACHER, GUIDANCE COUNSELOR OR NON-RELATIVE OF YOUR CHOICE.***
2. ***SCHOOL NURSE RECOMMENDATION***
3. ***OFFICIAL SCHOOL TRANSCRIPT SHOWING YOUR GRADE POINT AVERAGE.***
4. ***SHORT ESSAY ABOUT WHAT LED YOU TO CHOOSE NURSING AS A CAREER***
5. ***RESUME/CV***
6. ***SCHOOL NURSE’S COMPLETED CHECKLIST***

***\*\*APPLICATIONS WITHOUT THESE ATTACHMENTS WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP\*\****