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