

MEMORANDUM

TO: High School Nurse

FROM: Joy Atkins, R.N., CCSNA President

RE: \$1000.00 Scholarship

DATE: February 1, 2020

The Camden County School Nurses Association (CCSNA) Scholarship is open to all eligible candidates attending any Camden County High School. Final selection of the recipient will be made by a committee of at least three nurses from CCSNA.

At this time we are asking each school nurse to forward copies of the enclosed scholarship announcement and application to the high school guidance department. All candidates should return applications to the high school nurse by March 27, 2020. After meeting with the applicants, she will then forward them to the CCSNA Scholarship committee for a final decision.

The scholarship will be awarded at the May dinner meeting, to which the recipient and his/her parents will be invited as guests.

The total amount of the scholarship is \$1000.00. A check will be issued to the student after written verification of enrollment is received from the college/school.

All school nurses, please return the completed application(s) by April 20, 2020, to the CCSNA Scholarship Chairperson:

**Lynn Turt RN, BSN, CSN
C/o Early Childhood Development Center
1602 Pine Street
Camden, New Jersey 08103
(856) 966-4171 press option 4**

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	_____
4. Official Transcript	_____
5. Essay	_____
6. Resume/CV	_____

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 27, 2020. She will submit it to CCSNA by the deadline.

DEADLINE FOR SUBMISSION: April 20, 2020

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 13, 2020.

**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 27, 2020

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?

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****