



OCSNA

Ocean County School Nurses Association

OCEAN COUNTY SCHOOL NURSES ASSOCIATION SCHOLARSHIP APPLICATION

1. PERSONAL DATA:

Name: _____

Address:

Phone: Home _____ Cell _____

2. EDUCATION: (Please list all schools and years you have attended)

3. PLACES OF EMPLOYMENT:

4. HONORS AND AWARDS:

5. COMMUNITY SERVICE/PROFESSIONAL ORGANIZATIONS:

6. NAME OF COLLEGE/UNIVERSITY ATTENDING AND TYPE OF PROGRAM ENROLLED IN:

7. REFERENCES: ONE PROFESSIONAL AND ONE PERSONAL

8. ESSAY: Please write a short essay to describe your professional and educational goals. Please describe how this scholarship may help you to achieve this goal. (You can attach the essay separately).

I certify that the information I provided is accurate. If I am chosen as the scholarship recipient I will be notified and be invited to attend the May dinner meeting of the OCSNA to accept the award.

(Signature of Candidate)

(Date)

Please complete the application and turn in no later than April 1st.

