

WSNA Continuing Education Scholarship

SCHOLARSHIP POLICY

1. **PURPOSE:** To provide financial assistance in the amount of \$500.00 to one Wyoming school nurse per year to work toward an advanced nursing degree.

2. REQUIREMENTS:

- a. The Wyoming School Nurses Association Scholarship is available to active members in good standing. Applicants must have been a member of WSNA for two years.
- b. An applicant must meet reasonable standards concerning general health, personality characteristics, scholastic aptitude, professional service, and other evidence of potentiality for future school nursing service.
- c. An applicant must be accepted in an approved institution of higher learning.
- d. An applicant must plan to use the scholarship for an advanced nursing degree.
- e. An applicant must be currently employed as a school nurse and intend to return to a school nurse position following the advanced study.
- f. Previously unsuccessful applicants may apply again, but recipients are ineligible for future scholarships.

3. DIRECTIONS FOR APPLYING FOR THE SCHOLARSHIP:

- a. An application must be submitted on a form furnished by the WSNA President. A stamped, self-addressed envelope (business size) must be included with a request for an application.
- b. The application must be returned to the WSNA President no later than March 1 of the year the scholarship is desired.
- c. The applicant must submit three(3) letters of recommendation from persons qualified to speak specifically of character, personality, ability, and scholarship. These should include a current professional co-worker and the applicant's immediate supervisor.
- d. The application should be accompanied by a small recent photograph.
- e. An applicant must state whether he/she expects to receive financial aid from any other source or sabbatical pay during the year of the award for which she is applying. Preference will be given to those not receiving other financial aid.

f. The Scholarship Committee will notify the applicants no later than May 1 of their acceptance or rejection of a scholarship award.

4. GENERAL CONDITIONS OF ACCEPTANCE:

- a. Within two (2) weeks after the successful applicant is notified of her/his selection, she must notify the WSNA President of her/his acceptance of the award, or she/he will forfeit the award.
- b. The acceptance of a scholarship implies the obligation on the part of the recipient to devote herself/himself unreservedly to her/his studies.
- c. Upon completion of the studies for which the scholarship is awarded, the recipient will advise the scholarship chairman of her/his progress.

5. PAYMENT OF SCHOLARSHIP:

- a. Payment to the recipient for \$500 will be made by the WSNA Treasurer by direction of the WSNA President/Scholarship Committee.

WSNA FURTHER EDUCATION
SCHOLARSHIP APPLICATION FORM

Name of Applicant _____

Number of Years as a member of WSNA: _____

Home Address:

Work Address:

Home Phone _____

Work Phone _____

No. of Years in this position _____

Education Beyond High School:

Name of Institution Dates Attended Degree or Honors Received

Employment History:

Name of Employer Dates of Employment Position

Statement of Proposed Plan of Study:

Institution: _____

Beginning date of study: _____

Expected Date of Completion: _____

1. Tell how the proposed study will aid you in the school nursing profession.

2. List any honors/scholarships/awards you have received, or any research or publications you have completed.

3. List any other financial aid which you may be receiving.

4. Please give any other facts or specific conditions which you would like to have considered by the Scholarship Committee.

Please submit three (3) letters of recommendation with your application.

Signature

Date