**THE OHIO ASSOCIATION OF SCHOOL NURSES**

 **PATRICIA MACDONALD BAUM EDUCATIONAL SCHOLARSHIP AWARD**

**Application Form**

**I request the sum of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from the Ohio Association of School Nurses Education and Research Endowment Fund for the purpose of:**

**Goal:**

**Expected Outcomes: (including how the knowledge gained will advance my practice of school nursing)**

**How this knowledge will be shared with other school nurses:**

**Time Frame of the activity:**

**Applicant Background Information:**

 **Number of years in School Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Professional Membership in Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special Activities /Projects related to School Nursing in which you have participated:**

**Please submit Application electronically to the Awards Chairperson: awards@oasn.org**

**Revised 9/1/17**