Guidelines and Criteria for Scholarship Applicants

The School Nurse Organization of Washington awards three education scholarships each year: Carol Hoffman Scholarship, Martha Meyers Scholarship, and the Judith Maire Scholarship. These scholarships are available to nurses who are pursuing a BSN, Post Graduate Degree, Education Staff Associate (ESA) certification in school nursing or National Certification of School Nursing (NCSN).

**Guidelines and Criteria for Submission of Application**

1. Complete the application form and return the application packet to the SNOW Scholarship Chair by February 1st.

2. Include a personal resume.

3. Must be a current member of SNOW.

4. Submit three (3) letters of recommendations
   a. one from a current or former employer
   b. one from other professional contact
   c. one personal contact.

5. Submit a one page, typed essay titled “Why I Selected School Nursing as a Clinical Specialty”.

6. List academic goals and educational plan.

7. Each candidate will be evaluated based on financial need; academic achievement; professional involvement; and written essay.

8. Scholarship recipients will be notified one week after the scholarship application deadline and will be announced at the SNOW Spring Conference in March.

9. SNOW Scholarship recipients are ineligible to apply for another Scholarship for five (5) years.

   *Successful candidates will be asked to submit a follow-up letter indicating that they have completed the ESA or NCSN certifications or where they are in their pursuit of their BSN or Post Graduate Degree. This information may be posted in the Flurries.

SNOW December 2019
Education Scholarship Application

Name

Address

Home phone - Work phone

Current employment & email address

Previous employment Experience

Describe why you need financial assistance

Name of institution planned for coursework

Type of coursework planned

Currently pursuing:
  BSN
  Post Graduate
  ESA Certification
    Initial
    Continuing
  NCSN Certification

Applicant’s
Signature__________________________Date_________________