



School Nurse Organization of Washington Gayle Thronson Lifetime Learners Scholarships for SNOW Conferences

Purpose:

The School Nurse Organization of Washington awards two Gayle Thronson Lifetime Learner Scholarships (**for \$250.00 each**) each year. One each for the Fall and Spring Conferences. These scholarships are available to SNOW members who are employed in schools.

Guidelines and Criteria for Submission of Application:

1. Complete the application form and return the application packet to the SNOW Professional Development Chair by September 15th for the Fall Conference and February 1st for the Spring Conference.
2. Gayle Thronson Lifetime Learner, SNOW Conference Scholarship recipients are ineligible to apply for another Conference Scholarship for five (5) years.
3. Must be a current member of SNOW, employed in schools.
4. Submit one (1) letter of recommendation from your current employer.
5. Submit a separate one-page typed essay describing how this conference will benefit your school nurse practice and how the information that you receive at the conference will be utilized.
6. Each candidate will be evaluated based on their written essay.
7. Scholarship recipients will be notified one week after the scholarship application deadlines and will be acknowledged at the SNOW Spring and Fall Conferences.

*Successful candidates will submit a follow-up letter indicating that they have attended the conference and how they are or will use the information they received. (This information may be published in the Flurries.)

*The scholarship must be used for the conference specified in the application. If the recipient is unable to attend the conference, the money must be returned to the SNOW treasurer.

School Nurse Organization of Washington
Gayle Thronson Lifetime Learners SNOW Conference
Scholarship Application-\$250

Name: _____

Address: _____

Home phone: _____ Work Phone: _____

Current Employment: _____

Previous Employment Experience: _____

In a separate one page typed essay, describe how this conference will benefit your school nurse practice and how the information from this conference will be utilized.

Which conference are you applying for?:

Fall: _____ Year: _____

Spring: _____ Year: _____

Applicant's Signature

Date