



New York State Association of School Nurses

www.nysasn.org

"Caring for New York's Future"

CHARLOTTE GRACE MEMORIAL SCHOLARSHIP APPLICATION

Please print or type:

Name: _____

Address: _____

Cell/Home Telephone: (____) _____ Work Telephone: (____) _____

Email: _____

EDUCATION: Official transcript from current school must be sent directly to the:

Scholarship Committee Chairperson:

Patricia A. Hartman RN BSN PHN

248-22 88 Drive

Bellerose, NY 11426

An official transcript must be received by scholarship application deadline of
[September 15th, 2026] for the application to be considered complete.

The applicant is working towards the following degree:

	# Credits Required	# Credits Achieved
<input type="checkbox"/> Bachelors of _____ Degree in _____	_____	_____
<input type="checkbox"/> Masters of _____ Degree in _____	_____	_____
<input type="checkbox"/> Other (please indicate): _____	_____	_____

EMPLOYMENT HISTORY: Please include dates of employment beginning with current employment.

Attach additional sheet(s) as needed

ORGANIZATIONAL ACTIVITIES: Please include the year you became a member of NYSASN for confirmation purposes.

COMMUNITY ACTIVITIES:

AWARDS/SPECIAL RECOGNITION/ACCOMPLISHMENTS:

PHILOSOPHY STATEMENT REGARDING SCHOOL NURSING: In approximately 200 words, include a description of your education major and how this degree will complement your school nursing practice.

Signature: _____ **Date:** _____