

# TSNO CNE SCHOLARSHIP

## **Purpose**

Improve school nursing by assisting current TSNO members to pursue CNE Activities specific to School Nursing

## **History**

This scholarship is provided by funds TSNO has obtained from conference profits and other donations. TSNO has continued to budget and annually provide educational scholarships to TSNO members who are enhancing their education within school nursing.

## **Award**

1. Scholarship will be mailed to recipient and announced at the annual conference. The number of scholarship and amounts are based on available funds, as determined annually by the Finance Committee and approved by the Executive Committee.
2. Recipient name(s) will be communicated to the TSNO membership.
3. The individual scholarship amount will be up to \$200.
4. Current TSNO Executive Board members are not eligible for this scholarship.

## **Applicant Requirements**

1. Current active member for the previous two years.
2. Current license as nurse in state of Texas.
3. Current full time employment in a school setting EC-12.

## **Applicant Responsibilities**

1. Provide syllabus of CNE activity attending from current calendar year.
2. Submit written verification of current employment as a school nurse.
3. Submit completed, signed application.
4. Provide verification of CNE activity completion from current calendar year.
5. Scholarship will be awarded after completion of CNE activity.

## **Judging**

1. Scholarship Committee will make selection
2. The scholarships will not be presented if a qualified candidate is not identified.
3. The decision of the committee will be final and not open to appeal.

**Application Deadline: October 15**

TSNO CNE SCHOLARSHIP



Texas School Nurses Organization, Inc.

819 W. Arapaho Rd., Suite 24B, #345

Richardson, TX 75080

**Application Deadline: October 15<sup>th</sup>**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Applicant Responsibilities**

NASN/TSNO ID # \_\_\_\_\_ Member since \_\_\_\_\_

Name as appears on Texas Nursing License: \_\_\_\_\_

Employed Full-Time (District name) \_\_\_\_\_

Submit written verification of current employment as a school nurse on district letterhead

Provide syllabus of School Nursing related CNE activity attending (must be from current calendar year)

Provide verification of CNE activity completion (must be from current calendar year)

Applicant Signature: \_\_\_\_\_

For Official Use Only:

Fund Number: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Amount: \_\_\_\_\_