

# NBCSN Exam Scholarship Reimbursement Guidelines and Application

## Purpose

Support national certification of school nurses by providing partial reimbursement of the NBCSN Examination fee.

## 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. Award not valid for recertification.
3. Recipient name(s) will be communicated to the TSNO membership.
4. The scholarship amount will be up to \$200.
5. 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.
4. Exam must have been taken in the current calendar year.
5. Candidate must have passed the certification exam.
6. Candidate is not seeking reimbursement from another source.

## Applicant Responsibilities

- Submit written verification of current employment as a school nurse.
- Submit online application.
- Submit receipt of payment for examination.
- Submit proof of passing the exam.

## Judging

1. TSNO 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**

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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

Submit receipt of payment for examination

Submit proof of passing the exam

Submit completed application

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

For Official Use Only:

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

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

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