

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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**Email Application to ExecutiveDirector.TSNO@gmail.com
with the subject "NBCSN Exam Scholarship".**

Application Deadline: October 15th

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: _____