



## Colorado Association of School Nurses

Supporting Student Success: School Nurses Make a Difference

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### CASN CONFERENCE ASSISTANCE SCHOLARSHIP

#### Purpose

Intended to provide financial support by providing a partial scholarship for CASN sponsored conferences for CASN members.

#### History

This award was instituted in 2005.

#### Applicant Requirements

1. Currently classified as an active CASN member for a minimum of 1 year
2. Current licensure as a registered nurse and be currently employed as a school nurse for at least .6 FTE for a minimum of 1 year.

#### Scholarship

This application is only for CASN members in good standing for a minimum of one year. The application is for a partial scholarship for either the CASN Fall Conference or the spring workshop. The scholarship provides credit for the cost of the half of the conference registration fee. This does not include the cost of pre/post conference fees, meals not covered by basic conference registration, transportation or lodging.

#### Applicant Responsibilities

- Send the application to [casncoloradoschoolnurse@gmail.com](mailto:casncoloradoschoolnurse@gmail.com)
- Subject line should read *CASN Conference Assistance Scholarship*
- **Deadline** for submission is 15 days prior to the conference.
- The CASN Executive Board will notify recipients with a voucher via Email
- There are a limited number of scholarships available



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## CONFERENCE ASSISTANCE SCHOLARSHIP APPLICATION

☐ Fall Conference

☐ Spring Workshop

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

School District: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Number of Years Employed as a School Nurse: \_\_\_\_\_

Present Academic Credentials (RN, BS, BSN, PNP, etc): \_\_\_\_\_

Active CASN/NASN Membership Number: \_\_\_\_\_

Statement of need for  
assistance: \_\_\_\_\_

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**I certify that I am a member in good standing with the Colorado Association of School Nurses and have been a member for at least one year (Initials) \_\_\_\_\_**

**I understand that if I am awarded the CASN Conference Assistance Scholarship, that this scholarship only provides credit for the cost of the basic conference registration fee and does not include the cost of pre/post conference fees, meals not covered by basic conference registration, transportation and/or lodging. (Initials) \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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CASN Use Only: Date Approved: \_\_\_\_\_ Amount Approved: \_\_\_\_\_ Sent to Recipient: \_\_\_\_\_  
Executive Board Signature: \_\_\_\_\_