

THE WESTMORELAND COUNTY SCHOOL NURSE ASSOCIATION MEMORIAL SCHOLARSHIP

The Westmoreland County School Nurse Association will offer an annual scholarship award in memory of school nurses who have died while still practicing. a cash award will be presented to a High School Senior entering the nursing program. The scholarship is available to any student residing in a district whose school nurses have 100% participation and dues paid to WCSNA by January 1st of the year of application.

GENERAL INFORMATION

Scholarship Award: The scholarship award decision will be made by the executive board, according to Article IV, Section 2 of the Westmoreland County School Nurses Association Constitution and Bylaws.

Scholarship Amount: \$750.00 cash gift to be used in pursuit of a nursing education which will prepare the individual to become a registered nurse (Associate, Diploma, Baccalaureate).

Selection Criteria: The applicants will be judged by the Scholarship Committee of the Westmoreland County School Nurse Association. The following criteria will be used to judge the applicants:

- Academic Achievement
- Extracurricular Activities
- Community Service
- Leadership Role
- Career Goals
- Honors/Awards

Qualifications:

- High School Senior
- Grade point average of at least **3.0**
- Acceptance into a nursing school with full-time status, which prepares the individual to become a Registered Nurse.

Application Process:

- 1) Applications may be obtained from the WCSNA Secretary
- 2) The applicant will complete Scholarship Application
(There is no limit per school district)
- 3) Submit two letters of recommendation; one must be from a professional school staff member.
- 4) Submit a copy of a letter of acceptance identifying the intention to be a nursing major from a college, university or school of nursing.
- 5) Submit a Scholarship Essay (500 word min. type written) addressing the applicant's reasons for selecting a nursing career and their goals.
- 6) Transcript including first semester year and SAT scores

Deadline to Submit: February 28, to the Certified School Nurse
Seven (7) copies of each application will be submitted at the March WCSNA Meeting to be distributed to the Scholarship Committee

When Awarded: Recipient will be announced at the April WCSNA meeting. It will be the responsibility of the recipient's school district to invite him/her, as a guest, to the May Banquet. The award will be presented by a retiring nurse or WCSNA President if no nurses are retiring.

Thank You: All applicants will receive a thank you for their participation.

WESTMORELAND COUNTY

SCHOOL NURSES ASSOCIATION

Memorial Scholarship Application

PERSONAL DATA

Name _____

Address _____ City _____

State _____ Zip Code _____ Phone _____ Birthdate _____ Age _____

ACADEMIC RECORD

High School Attending _____

School District _____

Address _____

Name of College/University/Nursing School to which you have applied and/or have been accepted and plan to attend: _____

Please attach a letter of acceptance.

Address _____

TO BE COMPLETED BY YOUR GUIDANCE COUNSELOR:

indicate applicant's class rank _____ of _____

Indicate applicant's grade point average _____. *Please indicate any honor classes, AP classes or weighted grades if applicable _____.

SIGNATURE

DATE

TITLE

CERTIFICATION

I HEREBY APPLY FOR THE Westmoreland County School Nurse Association Scholarship. I understand that if I am awarded a scholarship, the monies must be used within one year of the award and may be used for tuition, books, and/or educational fees. I grant the Westmoreland County School Nurse Association permission to verify information contained herein and to investigate all references. I certify that the information contained herein is true and correct to the best of my knowledge. I give permission for my name to be publicly acknowledged as a scholarship recipient if I am chosen for the award.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

ESSAY

Attach a 500 word (type written) essay explaining your reasons for selecting a nursing career and your career goals.

REQUIRED SUPPORTING MATERIAL (Attach to this Application)

Applications WILL NOT BE CONSIDERED without each of these items.

1. Two letters of recommendation, one of which must be from a professional school staff member.
2. A copy of a letter of acceptance from College/University/School of Nursing.
3. Scholarship Essay.
4. Transcripts; including 1st semester Senior year and SAT scores.

Return Completed Application To Your School Nurse.

ALL APPLICATIONS MUST BE RECEIVED BY NOON, THE FIRST FRIDAY OF MARCH

HONORS AND ACHIEVEMENTS

OTHER ACTIVITIES

LIST EXTRACURRICULAR ACTIVITIES, VOLUNTEER, WORK, AND COMMUNITY SERVICE.

**SELECTION CRITERIA SHEET
FOR
THE SCHOLARSHIP COMMITTEE**

STUDENT _____

SCHOOL DISTRICT _____

CRITERIA	POINTS	POINTS AWARDED
1. ACADEMIC ACHIEVEMENT	30	
2. HONORS AND AWARDS	20	
3. EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, WORK, AND VOLUNTEER	25	
4. SCHOLARSHIP ESSAY	25	
TOTAL	100	