

**SCHOOL NURSE ORGANIZATION OF MINNESOTA
100TH ANNIVERSARY SCHOLARSHIP
APPLICATION**

Applicant's name _____

Applicants' address _____

Telephone _____ Home Email _____
(Work) (Home)

Employer _____ Work Email _____

Employer's address _____

Applicant's position _____

Number of years employed in school nursing _____

Present academic credentials _____

SNOM Membership ___ Yes ___ No Years of membership _____

Name of institution/organization where you have been accepted for a nursing related educational program: _____

Brief description of the educational program _____

Signature: _____ Date _____

ADDITIONALLY INCLUDE:

1. A photocopy of your Minnesota RN license, PHN certification, LSN license
2. Written verification of current employment as a Minnesota school nurse
3. Please use no more than one side of an 8x11 page to answer the following four statements:
 - My advanced educational goals related to some aspect of school nursing practice or pediatric care (15%)
 - Benefit this advanced training may have on my school nursing practice (60%)
 - Impact on my school, community, at risk and/or underserved population groups (12.5%)
 - My contribution to SNOM & other LSNs as a result of this advanced education (12.5%)

NOTE: The decision of the Committee will be final and not open to appeal

RETURN above to: SNOM President, Ann Hoxie, 1967 Jefferson, St. Paul, MN 55105
hoxies@worldnet.att.net Attention: Scholarship Committee

QUESTIONS may be directed to: Scholarship Chairperson, Martha Arnold, 11605 Kost Dam Rd.
N. Branch, MN 55056 651-583-2722 marthaarnold@frontiernet.net

APPLICATION DEADLINE: Postmark no later than July 1, 2009

1/09