

**SCHOOL NURSE ORGANIZATION OF MINNESOTA  
100<sup>TH</sup> 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, Mary Heiman 7209 Frontier Trail, Chanhassen, MN 55317  
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, 2011

4/11