SCHOOL NURSE ORGANIZATION OF MINNESOTA
SCHOLARSHIP APPLICATION

Applicant’s name:__________________________________________________________

Applicant’s Home Address:_________________________________________________

Telephone: ___________________________ Phone: ___________________________ Phone:

School district name and address: ____________________________________________

Applicant’s position/ title: __________________________________________________

Work Email: ___________________________ Work Telephone: ______________________

Number of years employed in school nursing: _________________________________

Current academic credentials: ______________________________________________

SNOM/NASN Member Number: ________

Years of membership: _________ (Applicants must be a member at least one year prior to application)

Name of the school /organization where you have been accepted; and/or the name of the agency, which you intend to be certified by for a nursing related educational program: _______________________

Brief description of the educational program/certification you are applying for:________________________

Signature: ___________________________ Date ___________________________

In addition to this completed page, a complete application includes the following:

1. A copy of your Minnesota RN license, PHN certification, and LSN license
2. Written verification of current employment as a MN school nurse (A supervisor letter is okay).
3. Written submission of the four statements:
   • My advanced educational goals related to some aspect of school nursing practice or pediatric care (15%).
   • Benefit of this advanced training or certification 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%).
4. For NCSN, copy of certification and invoice for certification testing.

Scholarship Applications are accepted at anytime. Send to: SNOM President, Deb Mehr, RN, LSN, NCSN, Health Services Coordinator, District 196, 3455 153rd Street, Rosemount, MN. 55068, Attention: SNOM Scholarship Committee.

QUESTIONS? Contact the SNOM Treasurer, Jen Pena: Jennifer.pena@ahschools.us or Mary Jo Martin: martin.maryjo79@gmail.com

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