

**SCHOOL NURSE ORGANIZATION OF
MINNESOTA SCHOLARSHIP APPLICATION**



Applicant's name: _____

Applicants' home address: _____

Telephone: _____ Primary Email: _____
(Home) (Cell)

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.

RETURN application to: SNOM President, Deb Mehr, RN, LSN, NCSN, Health Services Coordinator, Rosemount, Apple Valley, Eagan School District, 3455 153rd Street West, Rosemount MN 55068, Attention: SNOM Scholarship Committee.

QUESTIONS? Contact Pam Walcher, SNOM Treasurer: pwalcher@isd191.org or Mary Jo Martin, SNOM Past-President: martin.maryjo79@gmail.com