Kansas School Nurse Organization
Scholarship Awards Application

In alliance with NASN philosophy of BSN as entry into practice, KSNO intends to improve school nursing by assisting registered nurses employed in schools to advance their education. Applications are subject to a “blind” review by the Awards Committee. The following information is required to assist with distribution of scholarship funds.

1. Member of KSNO: ______________________
   (Membership Number)

2. Employer Name: ___________________________

3. Letter of verification of enrollment at accredited institution for BSN/MSN or other master’s program with an emphasis in School Nursing: (please attach)
   ________________________________

4. Proposed plan of study and timeline for nursing degree/program completion:
   Start date: _______________  Completion date: _______________

5. Total number years of KSNO membership: ___________

6. Total number of years of service to KSNO as an officer/board member: ________

7. Total number of years employed as a school nurse: ________

1. Total number of semesters completed in BSN/MSN or other master’s program with an emphasis in School Nursing: __________

Written proof of a current RN license and a one-page paper citing “how this advanced degree will benefit your school nursing practice” must be attached with this application to complete the application process. The deadline for applications is April 1st and should include the following:

   ___ Application
   ___ Written proof of a current RN License
   ___ Verification letter of enrollment at accredited nursing program
   ___ One-page paper (“how this advanced degree will benefit your school nursing practice)

Mail to the Awards Chair