KSNO Scholarship Award

Grading rubric

Name: _______________________

Member of KSNO/NASN for the last 2 years: ______

Number of years as a school nurse: _____

Written proof of Kansas Nursing license: ______

Letter verifying enrollment in an accredited institution: ______

Copy of transcript: ______

One page paper on how the advanced degree will benefit you and your students: _____

Scholarship will be rated on the following

Benefit to school nursing practice 60%  _____

Impact on the community 25%  _____

Educational goals 15%  _____

Revised 2017