

MARTHA CARRICK SCHOLARSHIP APPLICATION

Sponsored by School Health, Inc.

Applicant's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Employed By: _____

Years employed as a school nurse: _____ SWOSNA Member for _____ years.

List *School Nursing* activities in which you have participated in your employment or profession:

At what college or university are enrolled?:

Give the Name and Phone Number of your Academic Advisor:

Name: _____ Phone Number: _____

Name of Post Graduate Degree Program: _____

Length of Degree Program: _____ years OR _____ credits

Expected date of graduation: _____

Please attach a copy of your grades.

List other professional associations memberships and dates of membership:

List community activities (and dates):

Briefly state the reasons you feel you should be considered for this scholarship.

Briefly state any new or innovative programs you have started as a school nurse.

Have you done any research in your practice as a school nurse? Y N

If yes give a brief description:

Briefly state how your post graduate degree will aid in your School Nurse position:

NOTE: The winner of this scholarship will be expected to give feedback to the SWOSNA membership in some manner; such as, (1) an interview with a member of the PR Committee, (2) a short article for the SWOSNA news letter, (3) a five minute presentation at a SWOSNA meeting about your educational experience or research project, etc.