

# Somerset County School Nurses Association

## High School Student Nursing Degree Scholarship

### 2024 Guidelines and Application



The Somerset County School Nurses Association is a voluntary professional organization that provides continuing education for its members and promotes high standards of care to meet the needs of the students and staff in our county schools. School Nursing is a specialty within the nursing profession. As a professional organization we want to promote school nursing and support those wishing to make their nursing career choice by offering a \$1000.00 scholarship to a qualifying high school senior.

### 2024 Nurse Scholarship Guidelines

#### Applicant Eligibility:

1. Must have been accepted and plan to attend a college or university which offers an undergraduate nursing program.
2. Must either reside in Somerset County, New Jersey or attend a Somerset County High School.
3. Must have achieved a high school cumulative grade of 3.0 or better.

#### Application Process and Requirements:

1. Application: Complete, sign and submit application including **all** awarded scholarships or financial aid information and have your parent/guardian co-sign application if you are under the age of 18. Do not leave any sections of the application blank. If any of the sections on the application do not pertain to you, write N/A. If you need more space to explain any answers, put all of the information on a blank sheet of paper and attach it to the application. If any sections of the application are blank or if there is missing or incomplete requirements, it is less likely that the committee can make a properly informed decision about rewarding you the scholarship.
2. Essay: Compose and submit an essay of approximately 500 words. Be sure the essay has a title and your name on top left corner. The essay should be personal and should explain why you decided to pursue a nursing degree, describe how a nursing degree fits with your life goals and identify two future career/personal expectations your nursing degree will enable you to achieve.
3. Resume: Prepare and submit a resume ( $\leq 2$  pgs.) Highlight any work or health care experiences, or other life-experience that you think are relevant to your decision to become a nurse.
4. High School Transcript with GPA: Request that your HS Guidance Counselor email a copy of your H.S. transcript to Cynthia J. Lisk, RN at [scholarshipscsna@gmail.com](mailto:scholarshipscsna@gmail.com) as soon as possible.
5. Nursing Program Acceptance Notice: Submit a copy of the nursing program acceptance letter. If decisions are still pending, submit any evidence of pending decisions and attach a separate page with college choices and expected date of acceptance notification.
6. Recommendation Letters: Request two letters of recommendation. One of the recommendation letters should be from your school nurse or a health care professional you have worked with. Both recommendation letters are ***to be e-mailed by their authors to Cynthia J. Lisk, RN.***
7. Submission: Email your application, essay, resume and college acceptance letter or enrollment evidence to: Cynthia J. Lisk, RN at [scholarshipscsna@gmail.com](mailto:scholarshipscsna@gmail.com) **All documents should be submitted in PDF format preferably as 1 PDF file.**
8. Due Date: All requirements must be **e-mailed by April 19, 2024** to qualify. Missing or incomplete requirements or late documents will eliminate your application from consideration.
9. Award Notification: Scholarship recipients will be notified by end of June, 2024. The scholarship may be presented at your Scholarship Awards Night or on another date by your School Nurse or a SCSNA member.



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## High School Student Scholarship Application: 2024

<i>Applicant's Name</i>		<i>Date of Birth</i>	<i>Age</i>
<i>Home Address</i>			
<i>Home phone #</i>		<i>Cell #</i>	
<i>E-Mail Address</i>			
<i>High School Name</i>		<i>Phone #</i>	
<i>H.S. Address</i>			
<i>High School Nurse's Name</i>		<i>Phone #</i>	
<i>College of Nursing (attach extra page explaining college choices and decisions pending)</i>	<i>Name</i>		
	<i>Address</i>		
<i>College/University Cost Per Year</i>	<i>Tuition</i>	<i>Room &amp; Board</i>	<i>Estimated Supplies/ Books</i>
<i>Estimated Financial Assistance (Scholarships/Financial Aid)</i>	<i>Scholarship Title: (If needed, attach extra page that lists names of scholarships applied with status of application: for example: awarded, declined or decision pending )</i>		<i>Amount:</i> \$_____
			<input type="checkbox"/> <i>Per Year</i>  <input type="checkbox"/> <i>One- Time Award</i>
		<i>Subsidized Financial Aid:</i> <i>Amount: \$_____</i> <input type="checkbox"/> <i>Per Year</i> <input type="checkbox"/> <i>Per Semester</i>	<i>Unsubsidized Financial Aid:</i> <i>Amount: \$_____</i> <input type="checkbox"/> <i>Per Year</i> <input type="checkbox"/> <i>Per Semester</i>
<b>Letters of Recommendations will be sent from the following:</b> It is strongly advised that one of these recommendations is from your school nurse or a medical professional you have worked with in the past year.			
<i>Name</i>	<i>Relationship to applicant</i>	<i>Contact info: Phone/email address</i>	
1.			
2.			

**Required Applicant Affirmation:** I have been accepted into the above named college or university's nursing program. I intend to attend this institution and to pursue a nursing degree. I give permission for a representative of the Somerset County School Nurse Association to contact my high school, college or university to verify the information I have provided. If these institutions have any reluctance to release information because of privacy or confidentiality laws, concerns or sensibilities, I waive those rights and urge the institution to cooperate with S.C.S.N.A. This waiver and release is limited to the information needed to verify my qualifications for this S.C.S.N.A.'s scholarship.

Applicant Signature:	Date:
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Parental Consent if this applicant is under the age of 18: As legal parent/guardian of _____ I hereby give permission for the Somerset County School Nurses Association to contact my child by phone or e-mail to address information needed to verify my child's qualifications for this S.C.S.N.A.'s scholarship.	
Parent Signature:	Date: