



VSSNA Continuing Education Scholarship

-Application

Date: _____

Applicant's Name: _____

Applicant's Address: _____

Telephone: (W) _____ (H) _____

E-mail: _____

Employer: _____

Employer's Address: _____

Applicant's position: _____

Number of years employed in school nursing: _____

Number of years employed in other nursing roles: _____

Present academic credentials: (RN, BS, BSN, AD, PNP,
etc.) _____

Current certifications: _____

Vermont Dept. of Education Endorsements:

VSSNA Member? _____ Years of Membership: _____

Name of institution planned for coursework _____

Type of coursework planned: _____

Please include the following with this application:

- ✘ A photocopy of your Vermont State RN license.
- ✘ A photocopy of our Vermont Educator's License with an endorsement as School Nurse
- ✘ Written verification of current employment as a School Nurse.
- ✘ Completion of the following statements: (one page)

1. The benefit of this advanced degree or coursework to my school nursing practice is:
2. My educational goals are:
3. The value of the VSSNA's support [financial or otherwise] in achieving my goals is:
4. My "Vision Statement" for the future of School Nursing is: (**ONE** sentence!)

DEADLINE: Postmarked by May 1 of current year.

Return the application and the above documents to the current VSSNA Continuing Education Chair:

***Mary Dunsmore
P.O. Box 1637
St. Albans, VT 05478***

Revised 2005/JM/Cont.Ed Chair

VSSNA Operating Guidelines