

## **THE WESTMORELAND COUNTY SCHOOL NURSE ASSOCIATION MEMORIAL SCHOLARSHIP**

The Westmoreland County School Nurse Association will offer an annual scholarship award in memory of school nurses who have died while still practicing. a cash award will be presented to a High School Senior entering the nursing program. The scholarship is available to any student residing in a district whose school nurses have 100% participation and dues paid to WCSNA by January 1st of the year of application.

### **GENERAL INFORMATION**

- Scholarship Award:** The scholarship award decision will be made by the executive board, according to Article IV, Section 2 of the Westmoreland County School Nurses Association Constitution and Bylaws.
- Scholarship Amount:** \$750.00 cash gift to be used in pursuit of a nursing education which will prepare the individual to become a registered nurse (Associate, Diploma, Baccalaureate).
- Selection Criteria:** The applicants will be judged by the Scholarship Committee of the Westmoreland County School Nurse Association. The following criteria will be used to judge the applicants:
- Academic Achievement
  - Extracurricular Activities
  - Community Service
  - Leadership Role
  - Career Goals
  - Honors/Awards
- Qualifications:**
- High School Senior
  - Grade point average of at least 3.0
  - Acceptance into a nursing school with full-time status, which prepares the individual to become a Registered Nurse.
- Application Process:**
- 1) Applications may be obtained from the WCSNA Secretary
  - 2) The applicant will complete Scholarship Application  
(There is no limit per school district)
  - 3) Submit two letters of recommendation; one must be from a professional school staff member.
  - 4) Submit a copy of a letter of acceptance identifying the intention to be a nursing major from a college, university or school of nursing.
  - 5) Submit a Scholarship Essay (500 word min. type written) addressing the applicant's reasons for selecting a nursing career and their goals.
  - 6) Transcript including first semester year and SAT scores
- Deadline to Submit:** February 28, to the Certified School Nurse  
Seven (7) copies of each application will be submitted at the March WCSNA Meeting to be distributed to the Scholarship Committee
- When Awarded:** Recipient will be announced at the April WCSNA meeting. It will be the responsibility of the recipient's school district to invite him/her, as a guest, to the May Banquet. The award will be presented by a retiring nurse or WCSNA President if no nurses are retiring.
- Thank You:** All applicants will receive a thank you for their participation.

# WESTMORELAND COUNTY

## SCHOOL NURSES ASSOCIATION

Memorial Scholarship Application

### PERSONAL DATA

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

### ACADEMIC RECORD

High School Attending \_\_\_\_\_

School District \_\_\_\_\_

Address \_\_\_\_\_

Name of College/University/Nursing School to which you have applied and/or have been accepted and plan to attend: \_\_\_\_\_

Please attach a letter of acceptance.

Address \_\_\_\_\_

#### TO BE COMPLETED BY YOUR GUIDANCE COUNSELOR:

indicate applicant's class rank \_\_\_\_\_ of \_\_\_\_\_

Indicate applicant's grade point average \_\_\_\_\_. \*Please indicate any honor classes, AP classes or weighted grades if applicable \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

## CERTIFICATION

I HEREBY APPLY FOR THE Westmoreland County School Nurse Association Scholarship. I understand that if I am awarded a scholarship, the monies must be used within one year of the award and may be used for tuition, books, and/or educational fees. I grant the Westmoreland County School Nurse Association permission to verify information contained herein and to investigate all references. I certify that the information contained herein is true and correct to the best of my knowledge. I give permission for my name to be publicly acknowledged as a scholarship recipient if I am chosen for the award.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

## ESSAY

Attach a 500 word (type written) essay explaining your reasons for selecting a nursing career and your career goals.

## REQUIRED SUPPORTING MATERIAL (Attach to this Application)

Applications WILL NOT BE CONSIDERED without each of these items.

1. Two letters of recommendation, one of which must be from a professional school staff member.
2. A copy of a letter of acceptance from College/University/School of Nursing.
3. Scholarship Essay.
4. Transcripts; including 1<sup>st</sup> semester Senior year and SAT scores.

Return Completed Application To Your School Nurse.

**ALL APPLICATIONS MUST BE RECEIVED BY NOON, THE FIRST FRIDAY OF MARCH**

## HONORS AND ACHIEVEMENTS

## OTHER ACTIVITIES

LIST EXTRACURRICULAR ACTIVITIES, VOLUNTEER, WORK, AND COMMUNITY SERVICE.

**SELECTION CRITERIA SHEET  
FOR  
THE SCHOLARSHIP COMMITTEE**

**STUDENT** \_\_\_\_\_

**SCHOOL DISTRICT** \_\_\_\_\_

<b>CRITERIA</b>	<b>POINTS</b>	<b>POINTS AWARDED</b>
1. ACADEMIC ACHIEVEMENT	30	
2. HONORS AND AWARDS	20	
3. EXTRACURRICULAR ACTIVITIES, COMMUNITY SERVICE, WORK, AND VOLUNTEER	25	
4. SCHOLARSHIP ESSAY	25	
<b>TOTAL</b>	<b>100</b>	