



BERGEN COUNTY SCHOOL NURSES' ASSOCIATION

SCHOLARSHIP CRITERIA

NAME: Bergen County School Nurses Association Scholarship
SPONSORED BY: Bergen County School Nurses Association
AMOUNT: Two \$1,000 scholarships yearly or as recommended by BCSNA Executive Board

1. Applicants to be considered for awards should be a resident of Bergen County or known to a BCSNA member.
 - A. Applicant will be one of the following:
 1. Recent High School graduate entering a nursing education program for the first time.
 2. A student currently enrolled in a nursing program.
 3. A current Registered Nurse in pursuit of School Nurse Certification.
 4. A second-career student pursuing a nursing education.
 - B. Be accepted/enrolled in a national League for Nursing Accredited nursing program (Diploma, Associate Degree, Baccalaureate Degree) or an accredited School Nurse Certification Program.
 - C. Present evidence of intellectual ability with an official high school or college/university transcript demonstrating a minimum GPA of 2.5.
 - D. One character reference from someone who has known the applicant for at least three years, (i.e.) an employer, clergyperson, community leader or teacher.
2. General Administrative Guidelines
 - A. Applications and all supporting documents for scholarship awards must be postmarked by the 13th of April.
 - B. Selection of the award recipient will be based upon evidence of scholarship, merit, character, and leadership after a personal interview prior to the May Executive Board meeting.
 - C. The Scholarship Committee will submit its recommendation for final approval to the BCSNA Executive Board at the May Executive Board meeting. The final decision for selection of the scholarship recipient will be by vote of the BCSNA Executive Board.
 - D. Scholarship money will be bestowed to the recipient via a check payable directly to the educational institution. Validation will be solicited for the institution verifying receipt of check.
 - E. If possible, the acknowledgement of the award to the recipient will be made at the May meeting by invitation of the President.
 - F. The recipient shall agree that the scholarship funds shall be revoked if the student (recipient) withdraws from the nursing program prior to the end of the first semester.

Mail Application to: B.C.S.N.A. Scholarship Committee
Joanne Bull
724 Martin Avenue
Oradell, New Jersey 07649

SCHOLARSHIP CRITERIA

Date of Application: ____/____/____

Name: _____ School: _____
(Last) Mr., Mrs., Miss., Ms. (First)

Address: _____ School Address: _____

Town _____ Zip _____ Class Rank: _____ GPA: _____

Birth date: ____/____/____ Telephone# (____) _____

Mother's Name _____ Occupation: _____

Father's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____
(If married)

Previous College/University attended: _____ Degree: _____ Year: _____ GPA: _____

College/Nursing Program planning to attend: _____

Special Honors or Awards received:

List Extra Curricular Activities held IN and OUT of school and indicate year/s:

List any jobs, name of employer, dates of employment:

Other members of your family attending college: (Siblings or Dependents)

<u>Name/s</u>	<u>School</u>
_____	_____
_____	_____
_____	_____

***ESSAY...** In 200 words or less describe why you plan to choose nursing as a career.