

CONTINUING EDUCATION SCHOLARSHIP FOR SCHOOL NURSES

The California State PTA will offer Continuing Education Scholarships for School Nurses for up to \$500.00 each to public school nurses.

AVAILABILITY

Scholarship funds are available from the California State PTA for continuing education use at Board-of-Registered-Nurses- (BRN) approved institutions and/or providers, such as schools of nursing, hospitals, organized nursing groups and private providers who meet BRN requirements from January 1 through December 31. Courses must be completed by December 31 of the following year.

APPLICATION AND DUE DATE

An application (including two reference forms) may be obtained from the California State PTA office or on the website at www.capta.org. References are to be completed by applicant's present principal, PTA president, and/or a person with whom applicant has worked in the past two years. Completed reference forms and letters should be given to the applicant in a sealed envelope to be included in application packet. Reference form and letter must be written specifically for this scholarship application.

Reference forms and letters in sealed envelopes, a legible copy of applicant's current PTA/PTSA membership card on an 8-1/2 x 11 sheet of paper and completed application are to be mailed together in ONE envelope to the California State PTA. Application envelope must be received in the California State PTA office by close of business November 15. When November 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing. Application and reference forms with letters must be mailed; facsimiles will not be accepted.

QUALIFICATIONS

Scholarships are granted to licensed registered nurses who have been employed as school nurses in the public schools in California during the preceding academic year, have a minimum of three (3) years' nursing experience in the public schools, have a nursing contract for the current year and who plan to continue as public school nurses. Applicants must be members of a PTA/PTSA unit in good standing and have an assignment in at least one PTA/PTSA school.

SELECTION

Recipients are selected by representatives of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. Proof of registration and completion of a BRN-approved continuing education course must be sent to the California State PTA Scholarship and Grant Committee within (30) days after course completion. A check for the scholarship is sent to the recipient for reimbursement.

APPLICATION

CONTINUING EDUCATION SCHOLARSHIP FOR SCHOOL NURSES

Course(s) must be completed by the following December 31

Scholarships are available only to licensed registered nurses who have been employed as school nurses in the public schools in California during the preceding academic year, who have a minimum of three (3) years' nursing experience in the public schools, who have a nursing contract for the current academic year and who plan to continue providing nursing services in the public schools.

DUE DATE FOR RETURN — NOVEMBER 15

APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print **legibly**.

| | | |
|----------------|------------|-------------|
| Last Name | First Name | Middle Name |
| Street Address | City/State | Zip Code |
| () | Telephone | E-mail |

License Number _____ Renewal Date _____

Credentials _____

Total number of years: as a licensed registered nurse _____ employed at school(s) named below _____

SIGNATURE of applicant (required) _____ Date _____

| | |
|-------------------------|-------------------------|
| Complete Name of School | Complete Name of School |
| School Street Address | School Street Address |
| City/Zip Code Telephone | City/Zip Code Telephone |

List course(s) selected for continuing education. If course schedule is not available, indicate subject area/field of interest.

Specify approved Board-of-Registered-Nurses (BRN) institution or provider.
 NOTE: Course(s) to renew the RN license can be obtained only from Board-of-Registered-Nurses-(BRN) approved institutions and/or providers, such as schools of nursing, hospitals, organized nursing groups and private providers who meet the BRN requirements.

PROVIDE THE FOLLOWING: (Limit - two pages.)

1. Describe your current responsibilities.
2. Describe how the above course(s) will improve your effectiveness as a school nurse.
3. Describe any PTA or other volunteer work in which you are involved.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER, ATTACHING A PAPER CLIP TO THE UPPER LEFT HAND CORNER (DO NOT STAPLE):

1. Complete application form, two (2) pages
2. Legible copy of your current membership card on 8-1/2" x 11" sheet of paper
3. Essay response to information items 1-3, no more than two (2) pages
4. Two (2) reference forms with letters, in sealed envelopes

RETURN TO: California State PTA, 2327 L Street, Sacramento, CA 95816-5014
FACSIMILES WILL NOT BE ACCEPTED

| | | |
|------------------------|--|---|
| OFFICE USE ONLY | <input type="checkbox"/> Copy of current membership card | <input type="checkbox"/> Two (2) reference forms with letters |
| | <input type="checkbox"/> Unit ID Number _____ | <input type="checkbox"/> Unit in good standing |

**CONTINUING EDUCATION SCHOLARSHIP
FOR SCHOOL NURSES**

REFERENCE FORM

DUE DATE FOR RETURN TO CALIFORNIA STATE PTA OFFICE BY APPLICANT
NOVEMBER 15

Name of applicant _____

On a separate sheet, give an evaluation of the abilities and attitudes of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA or other volunteer work of which you are aware. Information provided will be considered confidential. **Please limit letter to one page.**

Reference form completed by _____

Title/Position _____

Mailing Address _____

Telephone (____) _____ E-mail _____

SIGNATURE _____ Date _____

**RETURN REFERENCE FORM WITH LETTER IN A SEALED ENVELOPE
DIRECTLY TO APPLICANT TO BE INCLUDED IN APPLICATION PACKET.**