

CONTINUING EDUCATION SCHOLARSHIP FOR SCHOOL NURSES

Continuing Education Scholarships for School Nurses for up to \$500.00 each are available from California State PTA to public school nurses employed in California public schools.

AVAILABILITY

California State PTA scholarship funds are available for Board-of-Registered-Nurses (BRN) continuing education course(s). The course(s) must be at 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 year following the awarding of the scholarship.

QUALIFICATIONS

Scholarships are awarded to licensed registered nurses

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

APPLICATION AND DUE DATE

The application and accompanying Reference Form may be obtained from:

- the website at capta.org;
- the *California State PTA Toolkit*; and
- the California State PTA office.

The final application packet must include:

1. a completed application form;
2. a legible copy of applicant's current PTA/PTSA membership card on an 8½" x 11" sheet of paper;
3. an essay describing
 - a. current responsibilities;
 - b. how the course(s) will improve your effectiveness;
 - c. any PTA or other volunteer work in which you are involved;
4. reference forms and letters in sealed envelopes;
 - a. reference form and letter must be written specifically for this scholarship application;
 - b. first reference form and letter completed by applicant's current administrator, or representative; and
 - c. second reference form and letter completed by current PTA president, or representative.
 - d. **Note:** Each completed reference form and letter should be given to the applicant in a sealed envelope.

Mailing instructions:

1. Original application, and reference forms with letters must be mailed together in ONE envelope.
 - a. Facsimiles will not be accepted.
2. **The application must be received in the California State PTA office by close of business October 15.**
 - a. Postmarks will not be accepted. Application will not be considered if received after due date or if any of the required materials are missing.
 - b. When October 15 falls on a weekend, applications are due in the State PTA office by close of business the following Monday.

SELECTION

Recipients are selected by members of the California State PTA Scholarship and Grant Committee. All applicants will be notified of their standing by letter in January. A check for the scholarship is sent directly to each recipient.

FOLLOW-UP

Scholarship recipients must provide proof of enrollment and completion of BRN coursework to California State PTA office by June 1.

8/2018

APPLICATION CONTINUING EDUCATION SCHOLARSHIP FOR SCHOOL NURSES

DUE DATE IN THE CALIFORNIA STATE PTA OFFICE — OCTOBER 15
APPLICATION WILL NOT BE CONSIDERED IF RECEIVED AFTER DUE DATE

Please type or print legibly.

PTA Unit ID Number _____

As listed on your PTA membership card; if you do not have a PTA membership card, contact your PTA president.

Last Name First Name Middle Name

Mailing Address City/State Zip Code

(_____) _____
Telephone Email

License Number _____ Renewal Date _____

Credentials _____

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

I certify that this scholarship will be used for my education.

SIGNATURE of applicant (required) _____ Date _____

<p>Current school(s):</p> <p>Complete Name of School _____ School Mailing Address _____ City/Zip Code _____ Telephone _____</p> <p>Complete Name of School _____ School Mailing Address _____ City/Zip Code _____ Telephone _____</p>	<p>List any other schools that you were employed by in the last three years. Include complete address and phone number.</p> <p>Complete Name of School _____ School Mailing Address _____ City/Zip Code _____ Telephone _____</p> <p>Complete Name of School _____ School Mailing Address _____ City/Zip Code _____ Telephone _____</p>
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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:

1. Describe your current responsibilities.
2. Describe how the 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:

- Completed application form
- Legible copy of your current membership card on 8½" x 11" sheet of paper
- Essay response to items 1-3, above [no more than 500 words total (approximately 2 pages double-spaced)]
- Two (2) reference forms with letters, in sealed envelopes
 - From current administrator or representative
 - From current PTA president or representative

Paper clip the documents together – DO NOT STAPLE

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 in good standing
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REFERENCE FORM CONTINUING EDUCATION SCHOLARSHIP

DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – OCTOBER 15

CHECK APPLICABLE SCHOLARSHIP:

- SCHOOL NURSES** — On a separate sheet, give an evaluation of the abilities and characteristics 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.**
- TEACHERS & COUNSELORS** — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. Include any of the applicant's PTA/school/student extracurricular activities of which you are aware. Information provided will be considered confidential. **Please limit letter to one page.**
- PTA VOLUNTEERS** — On a separate sheet, give an evaluation of the abilities and characteristics of the applicant, as well as comments regarding applicant's personal and professional qualifications. **Unit/council/district PTA president – describe applicant's PTA volunteer involvement.** Information provided will be considered confidential. **Please limit letter to one page.**

RETURN THIS FORM WITH LETTER OF RECOMMENDATION IN A SEALED ENVELOPE
DIRECTLY TO APPLICANT

APPLICANT'S NAME _____

Form completed by _____

Title/Position _____

Mailing Address _____

Telephone (____) _____ Email _____

SIGNATURE _____ Date _____