

## **CONTINUING EDUCATION SCHOLARSHIP FOR SCHOOL NURSES**

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

### **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 Toolkit*, the California State PTA office or on the website at [www.capta.org](http://www.capta.org). References are to be completed by applicant's present principal and the PTA president or their representative. 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.

Completed application, a legible copy of applicant's current PTA/PTSA membership card on an 8-1/2 x 11 sheet of paper, an essay and the reference forms and letters in sealed envelopes. Reference forms and letters in sealed envelopes 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. Original 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 California public schools 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. A check for the scholarship is sent to the recipient's district PTA president for presentation to the recipient. Proof of registration and completion of BRN coursework are due to the California State PTA office by June 1.

10/2008

# 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 California public schools 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 IN THE CALIFORNIA STATE PTA OFFICE — 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:** (MAXIMUM - 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. Completed application form
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, maximum 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**

<b>OFFICE USE ONLY</b>	<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 REFERENCE FORM

**DATE DUE TO CALIFORNIA STATE PTA OFFICE BY APPLICANT – NOVEMBER 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 REFERENCE FORM WITH LETTER IN A SEALED ENVELOPE  
DIRECTLY TO APPLICANT TO BE INCLUDED IN APPLICATION PACKET.**

**APPLICANT NAME** \_\_\_\_\_

Reference form completed by \_\_\_\_\_

Title/Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

10/2008