

# CSNO BAY COAST MEMBERSHIP SCHOLARSHIP

## General Information and Application

The intent of this scholarship is to provide monetary assistance to nurses who otherwise might not be able to afford CSNO membership. The # of recipients will be dependent on the # of eligible applicants and the funds allocated to the scholarship by the Bay Coast Board. Priority will be given to eligible applicants who also meet priority criteria.

Scholarship recipients must apply to become a CSNO member within 1 month of receiving the scholarship or the scholarship may be rescinded. Prior awardees of the scholarship and/or those who have been CSNO members before may apply.

Scholarship recipients will be reimbursed for the cost of membership and registration fees for the conferences they choose to attend that year, after Bay Coast is able to verify evidence of payment.

### **ELIGIBILITY CRITERIA FOR APPLICANTS:**

1. Holds a Preliminary School Nurse Services Credential.
2. Resides within the CSNO Bay Coast geographic region.
3. Currently is employed at least .5 FTE in a school nurse position.
4. Employer does not reimburse for CSNO membership dues.
5. Submits completed application and required attachments, postmarked before the deadline.

### **AMOUNT OF SCHOLARSHIP AWARD:**

The scholarship amount is equal to:

- annual membership dues at the time of application for membership, PLUS
- registration fees to attend Bay Coast fall and/or spring conferences held that year (the awardee is not obligated to attend the conferences but is strongly encouraged to in order to maximize the benefit of the scholarship)

### **SCHOLARSHIP APPLICATION DEADLINE:**

**April 1** Applications will be accepted no earlier than this date for the following membership year

**September 15** The application with required documents must be postmarked no later than this date. Completed applications will be reviewed by the Bay Coast Section Scholarship Committee and awardees will be notified within two weeks.

**CSNO BAY COAST NEW MEMBER SCHOLARSHIP  
APPLICATION**

NAME: \_\_\_\_\_  
Last First Middle

MAILING ADDRESS: \_\_\_\_\_  
Street City Zip Code

CONTACT INFORMATION: \_\_\_\_\_  
Home Phone Mobile Phone

WORK EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

CITY(IES) IN WHICH YOU WORK: \_\_\_\_\_

SCHOOL NAME(S) (if applicable): \_\_\_\_\_

DOES YOUR EMPLOYER REIMBURSE FOR CSNO MEMBERSHIP?  YES  NO

ARE YOU IN A SINGLE PARENT HOUSEHOLD?  YES  NO

ARE YOU THE FIRST IN YOUR FAMILY TO GO TO COLLEGE?  YES  NO

ARE YOU A RECENT GRADUATE FROM COLLEGE OR A NURSING PROGRAM?  0-1 YR AGO  
 1.1-2 YRS AGO  
 2.1-5 YRS AGO

ARE YOU A PRIOR RECIPIENT OF THIS SCHOLARSHIP?  YES  NO

ARE YOU CURRENTLY IN A SCHOOL NURSE CREDENTIAL PROGRAM?  YES  NO

WHAT IS YOUR FTE AS A SCHOOL NURSE?  Part-Time (>50%)  
 Full-Time

**I attest that all the information on this application is true and accurate. I understand that my application will not be processed until this application is complete and all required attachments are received by the Bay Coast Section of CSNO at the address below by submission deadline.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Required Attachments:

- Copy of Preliminary School Nurse Services Credential
- Evidence of enrollment in a School Nurse Credential Program in CA (if applicable)

**SEND COMPLETED APPLICATION AND ATTACHMENTS TO:**

[\*\*baycoastcsno@gmail.com\*\*](mailto:baycoastcsno@gmail.com)