



Pennsylvania Association of
School Nurses and Practitioners

Certified School Nurse Scholarship Application

Print or type all information requested on the application. Complete all areas on the application. The application form must be submitted with the following information:

1. A copy of college/university acceptance letter OR an official transcript with the school seal from the college/university.
2. A copy of your current nursing license
3. A one-page letter outlining your goals in school nursing.

The entire application package must be postmarked no later than March 15th. Failure to comply will result in disqualification. The recipient will be notified in writing. The applicant must plan on being matriculated during the following school year.

Send application to Michelle Ficca PhD RN
Bloomsburg University of Pennsylvania
Department of Nursing, 400 East Second Street, Bloomsburg, PA 17815

NAME: _____

Permanent Address: _____
Address city state zip

Present Address if different than home address:

Address city state zip

Phone: _____ Email: _____

RN/CRNP Licensure: _____

College/University: _____

Address city state zip

Expected Date of Graduation: _____

Nursing School attended: _____

Year of Graduation: _____

Degree obtained: _____