

**Mary Ellen Hatfield School Nursing Scholarship Award
RN Scholarship Award Application**

Due: October 1, 2017

Name: _____ Email: _____

Address: _____

School District: _____

School District Address: _____

Supervisor's Name: _____ Phone Number: _____

Name and Address of college/university where currently enrolled: _____

Name of program in which currently enrolled (i.e. BSN, Community Health Nursing, MPH): _____

Hours Completed: _____ Current GPA: _____ Expected date of graduation: _____

SEND THE FOLLOWING ALONG WITH THIS APPLICATION FORM:

- ____ 1. Two letters of reference (at least one from a current or past employer).
- ____ 2. Proof of enrollment and completion of 10 hours of undergraduate work towards a BSN or 12 hours of graduate course work (e.g., transcript, registrar's letter).
- ____ 3. Statement describing what you like about school nursing and how furthering your education will assist you in improving services to school-aged children and youth (up to two pages, one inch margins, 12 point font, double spaced, must be typed).
- ____ 4. Copy of your information from the LLR Licensee Lookup webpage.
<https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17>
- ____ 5. Evidence of current membership in a professional organization (preferred; not required).

***PLEASE SUBMIT five (5) copies and the original application packet by
October 1, 2017***

Note: Five copies of the full application packet including all requested documentation and the original application packet must be received by the date shown above in order for your application to be considered. No faxed copies will be accepted.

Send To: Mary Ellen Hatfield Scholarship Award
c/o Victoria Ladd, State School Nurse Consultant
SCDHEC – Division of Children's Health
Mills/Jarrett Complex,
2100 Bull Street
Columbia, South Carolina 29201

**Instructions for
Mary Ellen Hatfield School Nurse Scholarship Award
RN Scholarship Award Application Form**

Purpose: This form will be completed by registered nurses who are applying for the Mary Ellen Hatfield Scholarship Award. Applicants must meet eligibility criteria. Submitted forms and supporting documents will be distributed to a Selection Committee for scholarship award determination.

Instructions:

1. Review the eligibility criteria.
2. Type or print the information requested on the form in the appropriate spaces.
 - Name: Enter your name.
 - Email: Enter the e-mail address to which you would like correspondence regarding your application sent.
 - Address: Enter the address to which you would like correspondence regarding your application mailed.
 - School District: Enter the name of the school district where you are currently employed.
 - School District Address: Enter your school district's full physical address.
 - Supervisor's Name: Enter the name of your supervisor.
 - Phone Number: Enter your supervisor's phone number.
 - Name and Address of college/university where currently enrolled: Enter the name and physical address of the college or university where you are currently enrolled.
 - Name of program in which currently enrolled: Enter the name of the program in which you are currently enrolled.
 - # of Hours Completed: Enter the number of college or university course hours that you have completed.
 - Current GPA: Enter your current college or university GPA for course work completed.
 - Expected date of graduation: Based on your current plan of study, enter the date that you expect to graduate.
3. Write a statement describing what you like about school nursing and how furthering your education will assist you in improving service to school-aged children and youth (up to two pages, one inch margins, 12 point font, double spaced, must be typed).
4. Gather the following items:
 - Two letters of reference (at least one from a current or past employer).
 - Proof of enrollment and completion of 10 hours of undergraduate work towards a BSN or 12 hours of graduate course work (e.g. transcript, registrar's letter).
 - Copy of your information from the LLR Licensee Lookup webpage.
<https://verify.llronline.com/LicLookup/Nurse/Nurse.aspx?div=17>
 - Evidence of current membership in a professional organization (preferred; not required).
5. Follow submission instructions noted on the application form.

Office Mechanics and Filing:

State School Nurse Consultant or Other Assigned DHEC Contact Person:

- Receive applications.
- Distribute copies to Selection Committee.
- Request that Selection Committee destroy copies of nomination packets once an award winner has been confirmed.
- Maintain original of all nomination packets for one month following formal announcement of the scholarship award at the Annual School Nurse Conference sponsored by the SC Department of Health & Environmental Control and the SC Department of Education.