



Texas School Nurse Organization

Scholarship Application for Successful Completion of NCSN Exam

TSNO Region X has established a scholarship fund for partial reimbursement of up to \$250.00 to be rewarded annually to members of TSNO Region X. You must **not** be seeking reimbursement of this fee from another source such as your school district.

Date of Request: _____

Name: _____

School District Employed by: _____

of Years as a School Nurse: _____

of Years Member of TSNO: _____

(Must have been a member of TSNO Region 10 for the current year and the previous 2 years.)

Date of Exam: _____

Explain your reasons for taking the National Certification of School Nurses Exam.

Signature: _____

Your signature indicates that all the above information is true and correct.

Please attach a copy of your NCSN certificate and NASN membership card.