



VIRGINIA ASSOCIATION OF SCHOOL NURSES, INC.
P.O. BOX 28313, RICHMOND, VA 23228

PROFESSIONAL DEVELOPMENT GRANT APPLICATION

PURPOSE

Two grants of up to \$100.00 each are available from VASN to school nurses who have participated in a professional development activity for which they are presenting or are being recognized at a NASN National Conference or other nursing venue.

CRITERIA:

- The applicant must be a current, active VASN member with two years continuous, uninterrupted membership, concurrent with the time of grant application and award.
- Applicant must be employed as a school nurse at the time of the application and award.
- The professional development activity or recognition must have occurred within the year (12 months) of the application for the grant.
- A certificate or proof of attendance and a receipt of payment must be included with the application.
- A copy of the letter of award notification or invitation to present should be attached to the application, if available.
- A person may apply for only one Professional Development Grant per year.

AWARD

After the VASN Elected Board has approved the selection of this professional development grant, up to a \$100.00 will be awarded to two recipients. If more than two applicants are received, the total sum of \$200.00 will be divided equally. Grant Award recipients will be announced at the Annual VASN Conference. The award will be mailed to the recipient's home address. All decisions made by the Elected Board shall be final and not open to

APPLICATION DEADLINE

Send applications to: Professional Development Grant, VASN Award Committee c/o Hope Luong at hope-luong@yahoo.com and 18233 Mill Spring Ct. Leesburg, Va. 20176 by October 5th.

PROFESSIONAL DEVELOPMENT GRANT APPLICATION

Applicant's Name: _____

Applicant's Home Address: _____

Telephone: (Home) _____ (Work) _____

Employer: _____

Employer's Address: _____

Total Years Employed as School Nurse: _____

VASN/NASN Member Number: _____ **VASN Region:** _____

VASN Membership has been continuous for the past two years to the present: Yes No

Statement of Professional Development Activity or Achievement: *Attach a brief statement that explains the activity you have presented or the achievement for which you have been honored.*

I attest to being a current VASN member in good standing at the time of this award. I also verify that I am employed as a school nurse and will be at the time of this award. My signature below substantiates that the information provided herein is true and factual.

Signature: _____ **Date:** _____

Submit Applications Electronically to: Professional Development Grant, VASN Award Committee c/o Hope Luong at hope-luong@yahoo.com and 18233 Mill Spring Ct. Leesburg, Va. 20176 by October 5th.