

**WEST VIRGINIA ASSOCIATION OF SCHOOL NURSES
GRANTS APPLICATION FORM**

GRANTS CRITERIA:

1. To receive a grant you must have been a member of the WVASN for at least one year.
2. The total grant awarded will be for a maximum amount of \$500 per year for all applicants.
3. A member is only eligible for one grant every 3 years.
4. The grant is to be shared with the WVASN constituency by oral, written or kinesthetic presentation.
5. The grant needs to be for the betterment of all school nurses in West Virginia.
6. The decision awarding a grant will be made by the Grants Committee of three members appointed by the president of WVASN.
7. Requests for the grant need to be submitted by April 1st to the committee for review.
8. A simple contract shall be signed by the individual receiving the grant from WVASN. If the individual is unable to fulfill the contract, full repayment must be made to WVASN.

In submitting a grants application, please follow the above criteria and complete both pages of this form.

PLEASE PRINT CLEARLY OR TYPE

DATE _____

PERSONAL INFORMATION

First Name _____ MI _____ Last _____ Title _____
Home Phone () _____
Home Address _____
City _____ State _____ Zip _____

WORK INFORMATION

Employer _____ County _____ RESA _____
Title / Position _____
Work Phone () _____ Email Address _____
Work Address _____
City _____ State _____ Zip _____

Have you been a member of WVASN for at least one year? YES NO

Have you received a grant through WVASN in the last 3 years? YES NO

Please use the next page to describe your grant request and how much you are applying for.

GRANT REQUEST

Describe what is involved and how it will be for the betterment of all school nurses in West Virginia:

Amount of Grant Money Requested: _____