

GLOUCESTER COUNTY SCHOOL NURSES ASSOCIATION

SCHOLARSHIP APPLICATION FOR THE BARBARA NORTON MEMORIAL SCHOLARSHIP

Due 10/1 each year

Rowan University Rutgers University

Name: _____

Address: _____

County of Residence: _____

Telephone # _____

Email address _____

GPA: _____

On a separate sheet of paper answer the following:

1. Why you have chosen the field of school nursing and what contributions you plan to make.
2. How will this scholarship help you in your academic endeavors?

Signature _____ Date: _____

(Minimum Requirements and Submission Information on Page 2)

Requirements:

- Gloucester County Resident
- GPA > 3.0

E-mail to cjohnson@wtps.org

Fax to Cindy Johnson at 856-589-6919

Mail: Cindy Johnson, 1636 Glassboro Road, Williamstown, NJ 08094