## **SNAPP**

## School Nurses as Professional Partners: Supporting Educational Outcomes for Students with Low-Incidence Disabilities

## **Application Form\***

A. General Information	Date/
Name	Daytime Phone
Street Address	Evening Phone
City/State/Zip	FAX #
Social Security Number	E-Mail
Date of Birth	Country of Citizenship
I am currently enrolled in a     Baccalaureate nursin     RN to MS program	(Name of College or University  ng program RN to BS program  other
(Name of College/ University	ity School of Nursing in which you are enrolled)
3. I plan to enroll in or h	nave submitted an application to
(Name of Colle	ege/ University School of Nursing)
h my university school of nursing. I	Disabilities permission to share this information give permission to my university school of emic information to the Partnership as part of the

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<b>(</b>	Piease iimit	vour response	e to the following (	auestions to on	e or two paragraphs.
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1.	What are	the chara	cteristics	or an	effective	school	nurse

2. What do you think are important issues in working with children with severe disabilities (such as autism, hearing and vision impairment, deaf-blindness, multiple disabilities, traumatic brain injury) in the school setting?

3. Where do you see yourself along your career path in 5 to 10 years?

Please note: In return for tuition support, the U. S. Department of Education requires that SNAPP Scholars work for a period of time as a school nurse after completing their course of studies.

\*Please return this completed application with your resume or vita to:
Bernice Allen, VCU/Partnership for People with Disabilities
P. O. Box 843020, Richmond, VA 23284-3020
FAX: (804) 828-0042

Thank you!