## **SNAPP**

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

## **Application Form\***

<b>A.</b>	<b>General Information</b>	Date:/		
В.	Name	Daytime Phone		
	Street Address  City/State/Zip  Social Security Number	Evening Phone  FAX #  E-Mail		
			Date of Birth	Country of Citizenship
			Current place of employment, if applicable	
	<b>Educational Background</b>			
	1. I have a BS □ MS □ degree in Nursin	ng from (Name of College or University)		
		2. I am currently enrolled in a Baccalaureate nursing program RN to MS program		
		(Name of College/ University Sc	chool of Nursing in which you are enrolled)	
3. I plan to enroll in or have submitted		ed an application to		
	(Name of College/	University School of Nursing)		
uni	versity school of nursing. I give permission to	es permission to share this information with my o my university school of nursing to provide enership as part of the application review process.		
	Signature	Date		

C. Please limit		t your response to the following questions to one or two paragraphs.	
	1.	What are the characteristics of 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?	
SN		note: In return for tuition support, the U. S. Department of Education requires that P Scholars work for a period of time as a school nurse after completing their course of s.	
		*Please return this completed application with your resume or vita to:  Bernice Allen, VCU/Partnership for People with Disabilities	

Thank you!

P. O. Box 843020, Richmond, VA 23284-3020 FAX: (804) 828-0042