

**GLOUCESTER COUNTY SCHOOL NURSES  
ASSOCIATION**

**SCHOLARSHIP APPLICATION FOR  
THE BARBARA NORTON MEMORIAL SCHOLARSHIP**

**Due 11/1 each year**

**Rowan University      Rutgers University**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_

Telephone # \_\_\_\_\_

Email address \_\_\_\_\_

GPA: \_\_\_\_\_

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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 [CouponCindyJ@AOL.COM](mailto:CouponCindyJ@AOL.COM)**

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