



## NBCSN Scholarship Application 2026

Before submitting your scholarship application, please review all of the scholarship information on the [NBCSN Scholarship webpage](#) before submitting your application.

Be sure that you have met the scholarship criteria before starting your application:

1. Meet [eligibility requirements for the Certification Exam for School Nurses](#) and intend to take the exam in 2026
2. Come from a historically marginalized background or serve historically marginalized school populations
3. Contact your [NBCSN State Liaison](#) at [liaison@nbcns.org](mailto:liaison@nbcns.org)
4. Write a brief personal statement

Applications are due by Wednesday, October 1, 2025

\* 1. Please provide the following information:

Email address	<input type="text"/>
Phone number	<input type="text"/>

\* 2. Please upload a copy of your registered nurse (RN) license.

Choose File

Choose File

No file chosen

\* 3. Please select your location.

\* 4. Please verify that you have a bachelor’s degree or higher in nursing (BSN, MSN, DNP, etc.) from an accredited institution, OR a master’s degree in education with a concentration in school nursing or school health services from an accredited institution that has also been approved by NBCSN.

☐ Yes

☐ No

\* 5. Please verify that you have met the clinical practice requirement of a minimum of 1,000\* hours worked within the three years prior to taking the test. (\*1000 hours is roughly equivalent to a full-time school nurse working at least 6 hours/day for a school year of 180 days)

☐ Yes

☐ No

\* 6. Please indicate your testing window preference.

☐ Spring 2026 between March 1 - April 5, 2026

☐ Summer 2026 between July 9 - August 16, 2026

☐ Fall 2026 between October 22 - November 22, 2026

\* 7. Please upload a copy of your correspondence with the NBCSN State Liaison. (A response from your liaison is NOT required.)

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\* 8. Please provide a brief description (50 words or less) of your historically marginalized background or experience serving historically marginalized school populations.

\* 9. Please provide a personal statement (300 words or less) to describe why you are pursuing national certification, how your background or experience serving historically marginalized school populations informs your perspective/practice, and how you plan to contribute to the diversity of school nursing and/or school health.

10. If you are selected for a scholarship, you will need an NBCSN account. Please attest that you either have created your NBCSN account at NBCSN.org or that you will be creating your account at NBCSN.org.

☐ I can confirm I have created/will create an account at NBCSN.org

11. If I am awarded a scholarship, NBCSN may share my name and state for marketing purposes when (click all that apply):

☐ I am awarded the scholarship

☐ After I sit for the exam

☐ Only if I pass the exam