

**SCHOOL NURSE INTERNATIONAL CONFERENCE MARY E. HENLEY MEMORIAL  
SCHOLARSHIP**

**REQUIREMENTS FOR CONFERENCE SCHOLARSHIP AND APPLICATION**

**CRITERIA FOR CANDIDATES:**

1. Hold a current license to practice nursing in the country of residence.
2. Currently employed in a position to help improve the health of children. (e.g., School Nurse, clinic nurse, public health nurse working with children outside of hospital)
3. The application, one letter of recommendation, and a copy of current nursing license, must be completed and submitted by the deadline.
4. Previous scholarship winners are not eligible.

**AMOUNT OF SCHOLARSHIP:**

Up to one scholarship is available for a nurse to attend the 22nd Biennial School Nurses International Conference Japan, (July 20-24, 2025). If additional funding becomes available, more scholarships may be offered. The intent of this scholarship is to provide financial assistance to a nurse from a United Nations least developed country ([see list](#)), who might not otherwise be able to attend a SNI Conference. The Scholarship(s) may be used for registration, travel, and/or lodging expenses. Each scholarship recipient must register for the conference, participate fully in the conference, and then submit all receipts for reimbursement. Reimbursement is not to exceed JPY 200,000 per scholarship.

**DEADLINE:** The application, copy of nursing license, and a letter of recommendation must be postmarked no later than March 15<sup>th</sup>, 2025. The winner will be selected by committee and will be notified before the conference.

SEND COMPLETED APPLICATION AND ONE LETTER OF RECOMMENDATION TO: Secretariat of the 22nd School Nurses International Conference Japan , Shizuoka University, Faculty of Education, Kamazuka Lab (Yuko Kamazuka) , 826 Ohya Suruga-ku , Shizuoka-shi Shizuoka, 422-8017, Japan OR SCAN To: [sni2025japan@gmail.com](mailto:sni2025japan@gmail.com)

NAME: \_\_\_\_\_

Last

First

Middle

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

Street

City

Code

Country

CONTACT Information: \_\_\_\_\_

Home Phone

Work Phone

Cell Phone

E-Mail Contact: \_\_\_\_\_

Age of Population served: \_\_\_\_\_ Number of years employed as Nurse: \_\_\_\_\_

Additional Credentials (Certification or Degrees): \_\_\_\_\_

Educational Background \_\_\_\_\_

Indicated how this program will improve your effectiveness: \_\_\_\_\_

Do you do Volunteer nursing or other Volunteer work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_