Western New York Association of School Nurses Memorial Scholarship

$500-$1,000 in Scholarship Funds Available

Get an application from your School Counselor or your School Nurse.
Application postmark deadline is April 1

Requirements:

- Graduating high school senior accepted into accredited BS school of nursing in NY State (**ECC, NCCC and Trocaire are not BS programs**)  
- Resident of Erie or Niagara county

Application Process Includes:

- A copy of your acceptance letter from your Nursing School  
- Two references. One personal/professional and one from your High School.  
- A 250-500 word personal statement on your goals and aspirations.  
- See your counselor for specific guidelines and instructions  
- Incomplete applications will not be considered
APPLICATION

APPLICATION DEADLINE ~ Postmarked by April 1

Name: _______________________________________________ Date of Birth: ____________

Address: _______________________________________________

City/State/Zip: __________________________________________

Home Phone: (___) _____________________ E-mail: _____________________________

Name of High School _____________________________________ Phone: _______________________

Address: __________________________________________ City: ____________ Zip: _____________

Date of HS graduation: _______________ GPA: _______________ Class rank: _______________

Name of Nursing Program you plan to attend: ________________________________________________

Must be a BSN (Bacahelor of Science in Nursing 4 year) degree program in New York State.

**NOT: ECC, NCCC, or Trociare or similar 2 year program

Nursing Student Status (check all that apply):
During the next school year, I will be enrolled _____ Full time _____ Part time

Tuition cost for the first year (do not include room/board): $ ________________________

Please indicate if you are receiving financial assistance (grants / scholarships / merit awards etc.) for the next academic year (or you may provide us with a copy of your financial aid package letter).

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<th>Funding source</th>
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<th>Dates of assistance</th>
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WESTERN NEW YORK ASSOCIATION OF SCHOOL NURSES
MEMORIAL SCHOLARSHIP APPLICATION

The following items must be sent to Scholarship Committee. Incomplete applications will not be considered.

- Copy of your acceptance letter from the college you plan to attend, showing declared major.
- This page, signed below, and returned with application.
- Official high school transcript.
- Listing of extracurricular, church or community activities (sports, clubs, etc.) in which you have been involved, volunteer and/or community services you have completed, work experience or internships you have had, awards/honors received, etc.
- Personal statement of 250 – 500 words on your goals and aspirations as they relate to your education, career and future plans. Explain why you are a qualified candidate and should be considered for this scholarship. Please explain any special considerations of which you feel this committee should be aware. This statement must be typed, double spaced, using 12 point font, with at least one inch margins on all sides. (not doing so is considered incomplete)
- Two references – one, personal or professional (work reference) and one from a High School Teacher, School Counselor, Coach, School Nurse, or School Administrator. (The enclosed reference forms may be used.) ALL REFERENCES MUST BE AN ADULT.

I hereby affirm that all the information provided is true and any false statement will forfeit my qualification for the consideration of the scholarship. This application is the sole property of WNYASN. All information is strictly confidential and will not be returned.

Applicant's signature

Date

Please mail your completed application to:

WNYASN Scholarship Committee
C/O Elaine Herberger, RN BSN NCSN
45 Nancy Lane
Amherst, NY 14228

APPLICATION DEADLINE ~ Postmarked by April 1

PERSONAL / PROFESSIONAL REFERENCE
APPLICATION DEADLINE ~ Postmarked by April 1
All information must be typed or neatly printed on this application.

To be filled out by a personal friend or professional work supervisor.

Applicant's Name: ________________________________

1. How long have you known the applicant? _________________

2. In what capacity do you known the applicant?

3. How would you assess the applicant's character? Please circle one of the following:

   Poor   Fair   Average   Above Average   Outstanding

4. If you're a personal friend please describe why you think the applicant is a well-rounded individual.
   If you are a supervisor please describe how this applicant's work ethic contributed to your agency.

5. Why do you recommend this applicant for a Nursing Scholarship?

Name of person filling out this recommendation: (Please print) ________________________________

Title: ______________________________________________________________________

Work Phone: ___________________ Home phone: ________________________________

Please mail this recommendation to: WNYASN Scholarship Committee
                                  C/O Elaine Herberger, RN BSN NCSN
                                  45 Nancy Lane
                                  Amherst, NY 14228

WORK/PERSOAL REFERENCE
Application

APPLICATION DEADLINE ~ Postmarked by April 1
All information must be typed or neatly printed on this application.

To be filled out by a High School Personnel (Teacher/School Counselor / Coach / School Nurse / School Administrator.)

Applicant's Name

1. How long have you known the applicant? ___________________________

2. In what capacity do you know the applicant?

3. How would you assess the applicant's character? Please circle one of the following:

   Poor    Fair    Average    Above Average    Outstanding

4. What is the applicant's class rank? _______________ Grade Point Average? _______________

5. Why do you recommend this applicant for a Nursing Scholarship?

Name of person filling out this recommendation. (Please print)_____________________________________

Title: ____________________________________________

Work Phone: ___________________________ Home phone: ___________________________

Please mail this recommendation to: WNYASN Scholarship Committee
C/O Elaine Herberger, RN BSN NCSN
45 Nancy Lane
Amherst, NY 14228

ACADEMIC REFERENCE