

WESTERN NEW YORK ASSOCIATION OF SCHOOL NURSES

SCHOLARSHIP APPLICATION

APPLICATION DEADLINE ~ Postmarked by May 1, 2024

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 (Bachelor of Science in Nursing 4 year) degree program in New York State.

****NOT: ECC, NCCC, or Trocaire 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).

<u>Funding source</u>	<u>Amount</u>	<u>Dates of assistance</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following items **must** be sent to the 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
% Julie Murray, RN
Erie 1 BOCES Calspan
4411 Genesee Street
Cheektowaga, NY 14225

PERSONAL / PROFESSIONAL REFERENCE

Application

APPLICATION DEADLINE ~ Postmarked by May 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 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. 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**
% Julie Murray, RN
Erie 1 BOCES Calspan
4411 Genesee Street
Cheektowaga, NY 14225

WORK/PERSONAL REFERENCE

Application

APPLICATION DEADLINE ~ Postmarked by May 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
Julie Murray, RN
Erie 1 BOCES Calspan
4411 Genesee Street
Cheektowaga, NY 14225**