

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 (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
% Jenny Davis, RN
148 Aurora Street
Lancaster, NY 14086

PERSONAL / PROFESSIONAL REFERENCE

Application
APPLICATION DEADLINE ~ **Postmarked by April 1**

