



Far Western New York School Nurse Association

To: Chautauqua County School District School Nurses and Counselors
Cattaraugus County School District Nurses and Counselors
Alleghany County School District School Nurses and Counselors

Re: Scholarship Application

We are pleased to offer a \$250.00 scholarship from Chautauqua, Cattaraugus, and Alleghany County who are accepted in a school of nursing: Associate Degree, diploma or a Baccalaureate Program

You are receiving this email because you are paid member for the 2025-2026 year to your local school nurses' association, The Far Western NY School Nurse Network. Being a member allows students in your districts 12th grade to be eligible for this scholarship. Please forward this email to the guidance department in your school district.

Applications for the scholarship and a transcript of the applicant's grades along with the college acceptance letter should be returned no later than May 1, 2026.

Our Scholarship committee will review the applications and the student selected will be notified by mail from the committee along with the student's guidance counselor. Please feel free to make copies of our application as needed for your interested students.

Sincerely,

Michelle Holley RN

Please mail the completed applications and transcripts to:

Michelle Holley RN
PO Box 799
Sinclairville, NY 14782

FAR WESTERN NY SCHOOL NURSE NETWORK
2025-2026 APPLICATION FOR SCHOLARSHIP

Deadline May 1, 2026 (postmark)

Name of Applicant: _____ Age ____ Date of Birth _____

Home Address: _____ Phone # _____

Father's Name _____ Occupation _____

Employer _____

Mother's Name _____ Occupation _____

Employer _____

Siblings:

<u>Name</u>	<u>Age</u>	<u>Education</u>	<u>Occupation</u>
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Name of School Counselor _____

School Address _____

Phone number _____

High School from which applicant is graduating _____

College or School where accepted or attending _____

Are you receiving or applying for other scholarships or loans? State source and amount.

What full-time or part-time jobs have you held?

Extracurricular Activities in Grades 9-12. List by Grade the activities you were/are involved in (attach additional sheets if necessary):

Grade 9 : _____

Grade 10: _____

Grade 11: _____

Grade 12: _____

Class Size: _____

Class Rank: _____

Please give the names and addresses of two reliable persons, not relatives, who may serve as outside school references.

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

Please describe your educational and career goals and ambitions and why you are choosing this career path. Attach additional sheets if necessary.



On the basis of my academic record and the facts set forth in this application, I am applying for financial assistance in the form of a scholarship. I solemnly affirm that to the best of my knowledge, the information given here is correct.

Date of Application

Signature of Applicant

Please include a copy of your high school transcript, also if accepted into the Nursing Program include a copy of the college acceptance letter and return to the address below by **May 1, 2026.**

Michelle Holley RN
PO Box 799
Sinclairville, NY 14782