

CHRISTINA SLAZAK SCHOLARSHIP AWARD

Sponsored by Professional Nurses Association of WNY
4511 Main Street Rear
Snyder, NY 14226
716-839-4075 e-mail: RN@wnypna.org

APPLICATION

A copy of your personal statement and two (2) letters of recommendation **MUST ACCOMPANY** this application. Forms must be filled in completely or will not be reviewed. "NA" should be used when a response is not applicable.

Name _____ Telephone Number _____

Permanent Address _____

Current Address _____

E-mail Address _____ PNAWNY membership number _____

School of Nursing in which you are now matriculated (N/A for Certification) _____

Date of Admission _____ Expected Date of Graduation/Completion _____

Present and Future Professional Activities

1. Describe your professional activities (e.g. committee involvement, volunteer commitments, etc.).

2. Do you belong to any professional associations ?

Yes _____ Name of Association _____

No _____

3. How will this degree or certification enhance your nursing practice?

Return this form **WITH** your transcripts and letters of recommendation **NO LATER than 5:00pm on April 9, 2024** to: RN@wnypna.org or the address above

