

NURSING 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 current transcript and letters of recommendation from two (2) nursing faculty members **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 _____

School of Nursing in which you are now matriculated _____

Date of Admission _____ Expected Date of Graduation _____

Anticipated month of NCLEX exam (if applicable) _____

Present and Future Professional Activities

1. Describe your extracurricular activities (e.g. community service, volunteer activity, etc.).

2. Do you belong to any Associations (e.g. Student Nurses Association, etc.)?

Yes _____ Name of Association _____
No _____

3. What are your future employment goals following graduation from your school of nursing?

(See Other Side ⇒)

Please use the space below to provide any additional information that you think would help us select you as a recipient of this scholarship.

Return this form **WITH** your transcripts and letters of recommendation **NO LATER than 3:00pm on April 25, 2024** to:

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Snyder, NY 14226
716-839-4075
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