

# 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](mailto: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.

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Return this form **WITH** your transcripts and letters of recommendation **NO LATER than 3:00pm on March 28, 2019** to:

Professional Nurses Association of WNY  
4511 Main Street Rear  
Snyder, NY 14226  
716-839-4075  
e-mail: [RN@wnypna.org](mailto:RN@wnypna.org)

