

PROFESSIONAL NURSES ASSOCIATION OF SUFFOLK COUNTY (PNASC)

P.O. Box 872, Patchogue, NY 11772-0885

631-758-5362

PNASC@verizon.net

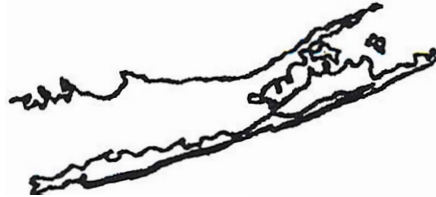
Officers

President: Doretta Janes, RN

President-elect: Janet Stevens, RN

Treasurer: Ann Tahaney, RN

Secretary: Nora Higgins, RN



Dear Guidance Counselor:

The Professional Nurses Association of Suffolk County (PNASC) is pleased to sponsor a scholarship for a graduating high school student from Suffolk County who is entering an accredited professional nursing (RN) program. The amount of the scholarship is \$1000.00 and will be awarded at the **May 16, 2018** dinner meeting.

The Scholarship Committee will coordinate the processing of the applications and will make recommendations to the Board of Directors for final approval.

I would appreciate your assistance in announcing this scholarship and to encourage eligible students to apply. Please remind students to submit **ALL REQUIRED ATTACHMENTS**.

Applications may be mailed by April 15, 2018 to:

Joy Borrero

19 Gracie Court, Bayport,

New York 11705

or **EMAIL** to: borrerj@sunysuffolk.edu

Sincerely,

Joy Borrero, R.N, PhD.

Scholarship Committee Chairperson

Criteria for Selection of Scholarship Recipient

The applicant must:

1. Submit a completed application that includes a written essay of personal and/ professional goals.
2. Be accepted into an accredited undergraduate professional RN (associate or baccalaureate) nursing program as a full time student.
3. Provide a transcript of all high school course grades completed to date of application including GPA.
4. Submit two (2) letters of recommendation from faculty and/or advisors on school letterhead.
5. List Honors, Awards, Recognitions, Extracurricular Activities (School and/or Community service)

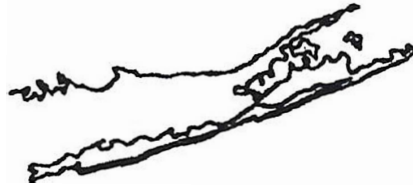
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www.nysna.org/districts/19.htm

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**High School
Nursing Scholarship Application Form
Deadline: April 15, 2018.**

Personal Data

Name _____

Address _____

Home Phone Number _____

Email _____

Education

Nursing Program you will be attending _____

Name of High School _____ Graduation Date _____

Required Attachments:

- ___ 1.Nursing Scholarship Application form
- ___ 2.Essay (Minimum of 200 words) describing your personal/professional goals related to nursing
- ___ 3.Documentation of acceptance to an accredited RN nursing program
- ___ 4.High School Transcript including GPA and percentile rank
- ___ 5.Two (2) letters of recommendation from faculty and or school advisors
- ___ 6.List of Honors, Awards, Recognitions, Extracurricular Activities (School and/or unity service)

Please send this completed form and required attachments via:

Mail to Joy Borrero 19 Gracie Court, Bayport, New York 11705 or

Email to: Joy Borrero at borrerj@sunysuffolk.edu