

Member Application NYSNA Secor Scholarship

**DEADLINE: MONDAY,
JULY 3, 2023**

Please print legibly.

Name of applicant _____ Membership # _____

Address _____

Telephone:

Home _____ Work _____

Cell _____

E-mail address _____

Current nursing major _____

Degree being sought (BS, BSN, MS, EdD, PhD, etc.) _____

The following documents must accompany this application:

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Resume/Curriculum vitae.

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Two references (*reference form must be used*).

- One reference must be from a registered professional nurse. Second reference may come from, for example, a professor, employer/supervisor, or colleague.

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Enrollment or acceptance letter from your institution verifying your status.

- This letter **must specify acceptance in a nursing education program and active enrollment in Fall 2023.**

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Official transcript(s) from current and previous post-high school institutions.

- A minimum cumulative GPA of 3.4 out of 4.0 (or equivalent) is required.
- Current program: Submit official transcript(s) for classes attended in your current program, if you are currently enrolled.
- Previous program: Submit official transcript(s) from the last nursing degree you completed.
- NYSNA requires the transcripts must be official documents from the institution, stamped with college seal and submitted in a sealed envelope. **Transcripts printed by the applicant are not accepted.**
- Electronic transcripts should be sent to Secor@nysna.org.

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Essay addressing how you intend to contribute to the profession of nursing and how you believe this degree will assist you to make this contribution.

- Typed, font size 12, double-spaced, and at least one page in length.

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

*Please place your name in upper right hand corner of each page of application packet
(except for transcripts).*

Email completed applications to SECOR@NYSNA.ORG.

****Files should be attached as a single PDF file.****

Or mail application materials to:

**New York State Nurses Association
Secor Scholarship Committee
131 West 33rd Street, 4th Floor
New York, NY 10001**

I have read and understand the eligibility requirements for the 2023 NYSNA Secor Scholarship.
This information is accurate to the best of my knowledge.

Signature _____ Date _____