

**Family-Member Application  
NYSNA Secor Scholarship**

**DEADLINE: MONDAY,  
JULY 1, 2024**

*Please print legibly.*

Name of NYSNA Member \_\_\_\_\_ Membership # \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Relationship to member    ☐ spouse                      ☐ child                      ☐ niece  
   ☐ domestic partner              ☐ grandchild              ☐ nephew

Address \_\_\_\_\_

Telephone:  
Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

Degree being sought (AAS, BS, BSN) \_\_\_\_\_

The following documents must accompany this application:

- ☐ **Resume/Curriculum vitae.**
- ☐ **Two references (reference form must be used).**
  - Examples of sources: guidance counselor, teacher, professor, employer, coach, community leader.
- ☐ **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.**
- ☐ **Official transcript(s) from current and previous educational institutions.**
  - A **minimum cumulative GPA of 3.4** out of 4.0 (or equivalent) is required.
  - If you are currently in or have completed high school only, submit only your high school transcript.
  - If you have completed a degree beyond high school (not in nursing), submit your college transcript.
  - If you are currently enrolled in a program that is your *first degree in nursing*, please submit the official transcript from the current program, *in addition to* your previous degree or high school.
  - Transcripts must be official documents from the institution, stamped with school seal and submitted in a sealed envelope. Transcripts printed by the applicant are not accepted.
  - Electronic transcripts should be sent to Secor@nysna.org.
- ☐ **Essay describing a significant experience that has influenced your decision to seek a nursing degree.**
  - The essay must be 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 33<sup>rd</sup> Street, 4<sup>th</sup> Floor  
New York, NY 10001**

I have read and understand the eligibility requirements for the 2024 NYSNA Secor Scholarship. This information is accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

9/14/2023