## PROFESSIONAL NURSES ASSOCIATION OF ROCKLAND COUNTY

#### NURSING SCHOLARSHIP APPLICATION

The Professional Nurses Association of Rockland County is awarding a \$750 scholarship to a Rockland County high school senior who most embodies intelligence, kindness, caring and enthusiasm exemplified by nurses around the world and who exhibits a commitment to pursuing a career in nursing.

To be considered, the applicant must...

- o ...have applied to a nursing program in pursuit of a degree as a Registered Nurse,
- o ...complete this application,
- o ...have the Teacher Recommendation Form completed and submitted for you,
- o ...have the Character Reference Form completed and submitted for you,
- o ...attach an official high school transcript,
- o ...and submit these requirements by the April 14, 2024, deadline to the email below.

The scholarship will be presented at the PNARC dinner in May. Incomplete/late applications will not be considered.

Name:	
Street address:	
City:	State: Zip:
Email address:	Cell phone:
High school:	Graduation date:
Nursing school(s) applied to:	
o School:	Have you been accepted?
o School:	Have you been accepted?
o School:	Have you been accepted?

Completed application and requirements should be submitted via email to Lori.Jelen@sunyrockland.edu.

<b>Activity Participation:</b> List any community/school/athletic activities in which you have participated during the past year. Include any special awards and honors.
<b>Work Experience:</b> Describe your work experience during the past year. Indicate responsibilities, dates of employment for each job and approximate number of hours worked each week.
Personal Statement: Describe your reason(s) for choosing nursing as a career.

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### TEACHER RECOMMENDATION FORM

Applicant's Name	
The above-mentioned student is applying for the County Scholarship toward the pursuit of a degrapplicant's attributes, which you feel will make t most appreciated. Please include specific examples	ee in nursing. Your assessment of this hem successful in the nursing field, would be
Name:	Position:
School	Email

# PROFESSIONAL NURSES ASSOCIATION OF ROCKLAND COUNTY

### **CHARACTER REFERENCE FORM**

Applicant's Name
The above-mentioned student is applying for the Professional Nurses Association of Rockland County Scholarship toward the pursuit of a degree in nursing. Your assessment of this applicant's attributes, which you feel will make them successful in the nursing field, would be most appreciated. Please include specific examples.
Name: Email:
Relationship to applicant: