

**PROFESSIONAL NURSES ASSOCIATION  
OF ROCKLAND COUNTY**

**SCHOLARSHIP APPLICATION**

The Professional Nurses Association of Rockland County is awarding two scholarships in the amount of \$750 to the Rockland County high school seniors who most embody intelligence, kindness, caring and enthusiasm exemplified by nurses around the world and who exhibit a commitment to pursuing a career in nursing. To be considered, the applicants must have applied to a nursing program in pursuit of a degree as a Registered Nurse, must complete and submit this application along with the Faculty Recommendation Form provided from 2 faculty members. Please attach original transcript. Incomplete/late applications will not be considered. The deadline for submission is April 15, 2019.

Student's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

High School \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Graduation Date \_\_\_\_\_

Nursing Schools Applied To \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Completed applications must be submitted no later than April 15, 2019 to:

**Send by mail to:**

**Rockland Community College  
L. Jelen, Nursing Office  
145 College Road  
Suffern, NY 10901**

**or send via email to:**

[ljelenst@sunyrockland.edu](mailto:ljelenst@sunyrockland.edu)

**or fax to:**

**845-574-4462**

**Activity Participation:**

List all community/school/athletic activities in which you have participated during the past year. Indicate any special awards and honors.

Activities	Special Awards, Honors

**Work Experience:**

Describe your work experience during the past year. Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	Responsibilities	From (mo/yr) to (mo/yr)	Hours Per Week

**Personal Statement:**

Briefly describe your reason(s) for choosing nursing as a career.

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## FACULTY RECOMMENDATION FORM

**Applicant's Name** \_\_\_\_\_

The above-mentioned student is applying for a 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.

This image shows a single page from a notebook or ledger. It features ten evenly spaced, light blue horizontal lines running across the width of the page. The top margin is wider than the bottom margin. There are no vertical lines, text, or other markings present on the page.

Signature \_\_\_\_\_ School \_\_\_\_\_

Print Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

**Please complete by April 15, 2019, and return this form to:**

Rockland Community College  
L. Jelen, Nursing Office  
145 College Road  
Suffern, NY 10901

or send via email to: [ljelenst@sunyrockland.edu](mailto:ljelenst@sunyrockland.edu)  
or fax to: 845-574-4462  
Thank you!