

**DEADLINE: TUESDAY,  
JUNE 1, 2021**

## Family-Member Application NYSNA Secor Scholarship

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.
- Official transcript(s) from **current and prior** education.
  - If you are in high school or you have completed high school only, submit only the high school transcript. The requirement is for maintenance of an average that is your high school's equivalent of a 3.4 cumulative GPA (out of 4.0).
  - If you have completed a degree beyond high school (not in nursing), submit the college transcript. Maintenance in previous institution (last degree completed) of a minimum of a 3.4 cumulative GPA (out of 4.0) is required.
  - If you are currently enrolled in a program that is your **first degree in nursing**, please submit the official transcript from the current college in addition to your previous degree or high school.
  - All applicants must submit official transcripts from current and previous educational institutions. Copies of transcripts will not be accepted. NYSNA requires the transcripts to be official documents from the high school, college or university, stamped with institutional seal and submitted in a sealed envelope.
- 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).***

***Mail or email completed applications 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***

***OR Education@NYSNA.org***

***\*\*Only OFFICIAL transcripts from the educational institution will be accepted.\*\****

This information is accurate to the best of my knowledge.

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