

**Non-Member Application**  
**NYSNA Secor Scholarship**

Deadline: Monday, April 9, 2012
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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:

- 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 prior education.  
If you are in high school or you have completed high school only, submit high school transcript. All other applicants must submit official transcripts from current and previous educational institutions. NYSNA requires the transcripts to be official documents from the college or university, stamped with college 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 completed applications to:  
Secor Scholarship Committee  
New York State Nurses Association  
11 Cornell Road  
Latham, NY 12110***

This information is accurate to the best of my knowledge.

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