

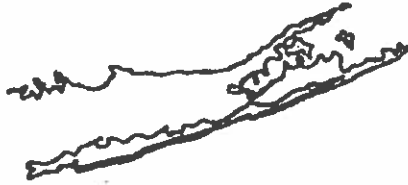
Due 1st Counseling Ctr.by 4/20

PROFESSIONAL NURSES ASSOCIATION OF SUFFOLK COUNTY (PNASC)

P.O. Box 872, Patchogue, NY 11772-0885

<http://pnascrn.org>

PNASC@verizon.net



**High School
Nursing Scholarship Application Form
Deadline: April 21, 2020.**

Personal Data

Name _____

Address _____

Home Phone Number _____

Email _____

Education

Nursing Program you will be attending _____

Name of High School _____ Graduation Date _____

Required Documents:

- ___ 1. Nursing Scholarship Application Form
- ___ 2. Essay (Minimum of 200 words) describing your personal/professional goals
- ___ 3. Documentation of acceptance into an accredited RN nursing program
- ___ 4. High School transcript including GPA.
- ___ 5. Two (2) letters of recommendation from faculty and/ or school advisors
- ___ 6. List of Honors, Awards, Recognitions, Extracurricular Activities (School and/or Community service)

Please **MAIL** application and related documents to:
Joy Borrero 19 Gracie Court, Bayport, New York 11705