**NEW YORK ORGANIZATION OF NURSE EXECUTIVES AND LEADERS**

**2018 MARGARET MC CLURE SCHOLARSHIP APPLICATION**

***Application Deadline: October 31, 2017***

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| --- | --- |
| Applicant Name: |  |
| Address: |  |
|  |  |
| Employer: |  |
| Work Phone: |  |
| Home Phone: |  |
| Cell Phone: |  |
| Email address: |  |

NYONEL Member History: Member since: \_\_\_\_\_\_\_\_\_\_\_\_ Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RN License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Certifications: |  |

Schools attended or plan to attend *(must be an accredited program leading to a Bachelor of Science in Nursing, a Masters or Doctoral degree or Post Masters certification with a concentration in Nursing Leadership or Nursing Education)*

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| --- | --- | --- | --- | --- |
| School | Attendance Dates | Major | Degree | (Expected) Graduation Date |
|  |  |  |  |  |
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| Semester/year that funding will cover |  |
| Total cost of course(s) |  |
| Other grants/awards received/ amount(s) |  |

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Date Applicant Signature

*Supportive data:*

Please attach a 300-500 word autobiographical essay in which you discuss significant experiences, NYONEL participation, community involvement, leadership experience, and personal accomplishments. Also please comment on your aspirations related to your nursing career.

Mail application and essay to: NYONEL Scholarship Program

Foundation of New York State Nurses

2113 Western Avenue

Guilderland, New York 12084

NYONEL/Scholarship/2018 application