



**NEW YORK ORGANIZATION OF NURSE EXECUTIVES AND LEADERS
2018 MARGARET MC CLURE SCHOLARSHIP APPLICATION**

Application Deadline: October 31, 2017

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

NYONEL Member History: Member since: _____ Region: _____ RN License # _____

Certifications:	
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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*)

School	Attendance Dates	Major	Degree	(Expected) Graduation Date

Semester/year that funding will cover	
Total cost of course(s)	
Other grants/awards received/ amount(s)	

_____ 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