



Call for Scholarship Applications!

The Center for Nursing at the Foundation of New York State Nurses, Inc.
is pleased to announce the

Nightingale Scholarship

A **\$5,000** scholarship will be awarded to a qualified high school senior who is accepted to a NYS accredited RN nursing program beginning in the Fall semester post-graduation.

Eligibility criteria, application packet documents and required forms are attached or can be obtained from the Center for Nursing website under the Scholarship section www.cfny.org

For questions contact Deborah Elliott, Executive Director, Foundation of NYS Nurses 518-456-7858, ext. 129 or delliott@cfny.org

Application deadline is June 1, 2020

The scholarship recipient will be notified of the award by August 1. The scholarship will be presented at the Nightingale Gala taking place on Oct. 3, 2020 at the Capital Center in Albany, NY. The scholarship recipient and two guests will be invited to attend the Gala as our guests. Additional family members and friends may purchase tickets to attend the Gala online at <https://www.cfny.org/nightingale-gala/>



Nightingale Award for a High School Senior enrolled in a NYS RN Nursing Program

Purpose: To encourage high school students to consider a career as a professional registered nurse (RN)

Amount: Scholarship will be in the amount of \$5,000.

Eligibility Criteria:

- ❖ New York State residency
- ❖ Acceptance into a NYS RN nursing program accredited by the Accreditation Commission for Education in Nursing (ACEN) or the Commission on Collegiate Nursing Education (CCNE).
- ❖ Full-time study
- ❖ Graduating from a NYS high school with a minimum GPA of 3.0 or equivalent
- ❖ Evidence of community service during their high school career

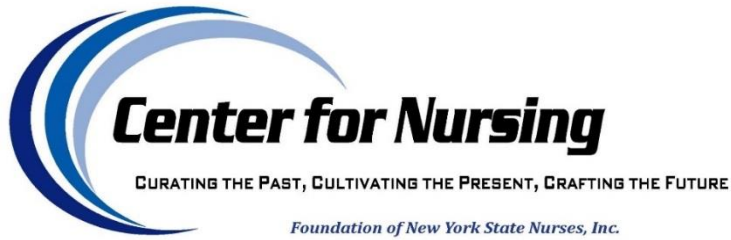
Applicants for the Nightingale Scholarship must complete the application face sheet, and submit all required documents of the application packet. (see below). Incomplete applications will not be reviewed. Any questions or requests for additional information, contact: Deborah Elliott, MBA, RN, Executive Director, Center for Nursing, Foundation of NYS Nurses, at 518 456-7858, Ext. 129 , delliott@cfny.org.

Mail completed application packet and all required documents:
Nightingale Scholarship Program
Foundation of New York State Nurses
2113 Western Avenue
Guilderland, NY 12084

Completed application packet and all required documents may be emailed to:
delliott@cfny.org

The funding for this scholarship is made possible through sponsorship and support of the annual Nightingale Gala.

Foundation of New York State Nurses (FNYSN), established in 1975, is a 501(c)(3) organization whose is committed to supporting working professional nurses through mentoring, educational advancement and promoting research and evidence-based practice to drive excellence in care delivery



Nightingale Scholarship Application Face Sheet

Applicant name _____

Home Address _____

Phone: Home or Cell _____ Email _____

High School _____

High School address _____

Nursing program _____

Nursing school address _____

Start date _____ Expected graduation date _____

The following documents constitute the **application packet** and are required to be submitted with the application face sheet. Reference forms may be emailed or mailed separately.

- 1) **Two** references (on reference form): One from a teacher or guidance counselor; the second reference from an adult supervisor from volunteer/community service.
- 2) Copy of letter from the academic institution confirming your acceptance in a full time RN nursing program for the Fall semester.
- 3) Official transcript(s) from current high school stamped with the school's official seal and submitted in a sealed envelope.
- 4) Essay, typed, **one page double-spaced** explaining why you are choosing to pursue a career in nursing and how this scholarship will help you achieve this goal.
- 5) High school volunteer/community service activities form



Nightingale Scholarship Application Reference Form

Applicant name _____

Name of reference provider _____

Relationship to the applicant _____

Position _____ Organization/Institution _____

Address _____

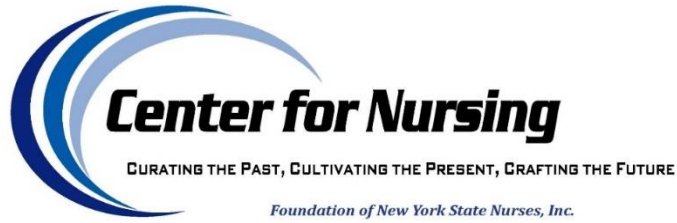
Telephone: _____ Email _____

Signature/Date _____

- 1) On a separate sheet of paper, please describe how in your relationship with the applicant you were able to assess/observe their aptitude for pursuing a nursing education.
- 2) Please rate the applicant on the characteristics listed below using a scale with 5 being the highest and 1 being the lowest.

Qualifications	5	4	3	2	1	Comments
Leadership						
Character/Integrity						
Accountability/Dependability						
Communication Skills/Oral and Written						
Problem Solving/Judgment						
Interpersonal Skills						
Intellectual Potential						
Creativity/Vision						

Please email to delliott@cfny.org or mail to Center for Nursing, 2113 Western Ave. Guilderland NY 12084



**Nightingale Scholarship
 High School Volunteer/Community service form**

Community agency	Activities performed	Dates of service
<u>Supervisor name & phone #:</u>		
<u>Supervisor name & phone #:</u>		
<u>Supervisor name & phone #:</u>		
<u>Supervisor name & phone #:</u>		
<u>Supervisor name & phone #:</u>		

**Include completed form in application packet*