

**PROFESSIONAL NURSES ASSOCIATION  
OF ROCKLAND COUNTY  
P.O. Box 238  
West Nyack, NY, 10994**

**SCHOLARHIP APPLICATION**

The Professional Nurses Association of Rockland County is awarding a scholarship of \$500 to the Rockland County high school senior who most embodies intelligence, kindness, caring and enthusiasm exemplified by nurses around the world and who exhibits a commitment to pursuing a career in nursing. To be considered the applicant must have applied to a nursing program in pursuit of a degree as a registered nurse, must complete and submit this application along with the Faculty Recommendation Form provided. The deadline for submission is November 1, 2011.

**Student Information:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Check One: U.S. Citizen \_\_\_\_ Permanent Resident \_\_\_\_ OR Visa Status \_\_\_\_

High School \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Graduation Date \_\_\_\_\_

Nursing School Applied To \_\_\_\_\_

Have you been accepted? \_\_\_\_\_

Completed applications must be submitted no later than November 1, 2011, to  
Maureen Kroning, MSN, RN, at the above address.



**FACULTY RECOMMENDATION FORM**

**Please complete and return this form to:**

**Professional Nurses Association of Rockland County  
Attn: Maureen Kroning, MSN, RN  
P.O. 238  
West Nyack, NY, 10994**

**Applicant's Name** \_\_\_\_\_

**The above-mentioned student is applying for a Professional Nurses Association of Rockland County scholarship toward the pursuit of a degree in nursing. Your assessment of this applicant's attributes with which you are familiar would be most appreciated.**

**Please indicate the applicant's personal attributes. Circle the appropriate number.**

	Excellent	Good	Fair	Poor
Effective interpersonal and communication skills	4	3	2	1
Intellectual and analytical capacity.	4	3	2	1
Empathetic and active listener.	4	3	2	1
Respect and acceptance of others.	4	3	2	1
Caring and compassionate.	4	3	2	1

**Evaluator's Comments: (for additional space, use back of form)**

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**Evaluator's Signature** \_\_\_\_\_ **School** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Phone Number (\_\_\_\_)** \_\_\_\_\_

**Please return by November 1, 2011.  
Thank you.**