



Scholarship Application

Name

Title

District/Company

Address

City State Zip

Work Phone

Cell Phone

Email

Years In Current Position Years In Industry

NYSNA Member ID Number of Years as
a NYSNA member

Have you previously received a NYSNA
scholarship?

____ Yes ____ No

If yes:

Scholarship(s) Received:

Date(s) Received: _____

Total Amount Received: _____

Association Involvement

Have you ever participated on the NYSNA board,
or a NYSNA Committee/Task Force? If yes, please
describe and include dates.

Have you ever been actively involved at the local
chapter level, including board service or
committee work? If yes, please describe and
include dates.

How many NYSNA events have you attended in the past 3
years?

NYSNA Annual Conferences _____

NYSNA Regional Industry Seminars _____

NYSNA Legislative Action Conferences _____

NYSNA SNIC
(first one 2020) _____

NYSNA Leadership Conferences
(last one 2019) _____

NYSNA Area Workshops _____

Professional Awards and Recognition: Please share any professional awards you have received.

Intended Use of the Award: Describe below how you intend to use the scholarship award. For educational uses indicate the name and address of institutions, course titles, etc.; the date you plan to enroll in courses and when you plan to complete the course.

Financial Need: Please give a breakdown of non-reimbursed expenses you are seeking scholarships funds to assist with.

How will this scholarship benefit your professional development?

Why should you be chosen to receive this scholarship?

A LETTER OF SUPPORT FROM YOUR IMMEDIATE SUPERVISOR MUST ACCOMPANY YOUR APPLICATION

By submitting this application, I agree to the criteria and requirements pertaining to the eligibility as outlined in the Memorial Trust Fund Scholarship program. I also certify that all of the information provided in my application is accurate.

Signature of Applicant

Printed Name

Date