



**JAMAICA NURSES GROUP OF NEW YORK
APPLICATION FOR SCHOLARSHIP**

P.O. Box 250802, 315 Empire Boulevard
Brooklyn, NY 11225

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

TELEPHONE #: _____ EMAIL: _____

NURSING SCHOOL

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

School Contact: _____ Telephone #: _____

Expected Date of Graduation: _____

Title _____

ELIGIBILITY:

1. Meet one of the following criteria:

- a) Native Jamaican resident on a student visa
- b) Native Jamaican living in the five boroughs
- c) Student of Jamaican parents

2. Student must

- a. have a minimum cumulative GPA of 3.0
- b. be matriculated in the nursing program and completed at least two nursing courses
- c. be sensitive to patients' needs
- e. demonstrate the need for financial assistance
- f. be involved in community activities and schools' professional organization



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3. Student must

- a. in no more than two pages state his professional goal, reason for seeking assistance, how his/her talent and skills could be used after graduation to enhance continued growth and progress of the Jamaica Nurses Group of New York, Inc.
- b. submit a copy of current transcript.
- c. submit 2 sealed letters of recommendation- one from faculty and one from community organization where she/he volunteers.

4. THE CLOSING DATE FOR THE RECEIPT OF APPLICATIONS AND REQUIRED DOCUMENTATION IS _____ (POSTMARKED). APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.

- 5.
 - a. The selected student will be interviewed by the scholarship committee of the JNGNY, I on _____ at a pre arranged time set by the committee.
 - b. SCHOLARSHIP AWARD WILL BE PRESENTED ON _____.
- 6. If selected, it is the expectation of the organization that you will become an active member.

I hereby affirm I have read all requirements and that all information provided is true. Any false statements will forfeit the award of a scholarship.

Applicant Signature: _____ **Date:** _____

The Jamaica Nurses Group of New York, Inc.

c/o box 250802, Brooklyn, New York 11225

Attn: Marilyn Parker, EdD. SCM. RN, Chairperson, Education Committee

All information submitted in this application will be kept confidential