



JAMAICA NURSES GROUP OF NEW YORK

UNDERGRADUATE STUDENT OF NURSING SCHOLARSHIP APPLICATION

Students attending school in New York

ELIGIBILITY

To be eligible the undergraduate nursing student must satisfy one of the following:

- Jamaican born, now a resident of USA
- US citizen of Jamaican parents
- Jamaican national on a student visa

Requirements:

1. Have a minimum GPA of 3.50
2. Have successfully completed a minimum of two semesters (including nursing courses with course grades no lower than "B")
3. Demonstrate sensitivity to patients' needs
4. Require financial assistance
5. Is involved in community activities, and school professional organization

GENERAL INSTRUCTIONS

- Sections A, B, and C are to be completed by applicant and Section D by the Dean of the school or designee
- A copy of current nursing school transcript with the school seal is to be submitted with the application

Please submit all sections to:

Jamaica Nurses Group of New York Inc.,

c/o Claudette McFarquhar

P.O. 340078, Brooklyn, N.Y 11234-0078

All information submitted in this application will be kept confidential



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SECTION A

Name of student: _____

Address: _____

SECTION B

Name of School of Nursing: _____

Period of Enrollment at time of application: _____

Associate Degree Program: _____

OR

Baccalaureate Program: _____

GPA (Using a scale of 4.0) _____

Please check all that apply

I am a recipient of:

TAP

PELL

I am a scholarship recipient for the academic year:

Yes

No



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Verification of Financial aid:

Name of financial Aid Officer: _____

Signature of Financial Aid Officer: _____

School: _____

Address: _____

Phone Number: _____

Date: _____

SECTION C: STUDENT ESSAY

The Jamaica Nurses Group of New York, Inc. is an organization for the professional and cultural advancement of registered professional nurses of Jamaican heritage. Please attach a description of how your talent and skills could be used after graduation to enhance continued growth and progress of the organization.

Please limit your response to no more than **one page**.

SECTION D

Recommendation of scholarship by Dean or Designee:

Please attach

Affirmation:

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

Applicant Signature _____ Date _____