



JAMAICA NURSES GROUP OF NEW YORK, INC.

APPLIACTION FOR SCHOLARSHIP

P.O. Box 340078

Brooklyn, NY 11234

Email at JNGNY1962@gmail.com

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:

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

2 – Student must

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

3 – Student must

Submit no more than two pages of stated 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.

Submit a copy of current transcript.

Submit 2 sealed letters of recommendation- one from faculty and one from community organization where she/he volunteered. Send completed application documents to JNGNY1962@gmail.com