

**DEADLINE: FRIDAY,
JULY 10, 2026**

Family-Member Application NYSNA Secor Scholarship

Please print legibly.

Name of NYSNA Member _____ Membership # _____

Name of Applicant _____

Relationship to member spouse child niece
 domestic partner grandchild nephew

Address _____

Telephone:
Home _____ Work _____

Cell _____

E-mail address _____

Degree being sought (AAS, BS, BSN) _____

The following documents must accompany this application:

- Resume/Curriculum vitae.**
- Two references (reference form must be used).**
 - Examples of sources: guidance counselor, teacher, professor, employer, coach, community leader.
- Enrollment or acceptance letter from your institution verifying your status.**
 - This letter must specify **acceptance in a nursing education program and active enrollment in Fall 2026.**
- Official transcript(s) from current and previous educational institutions.**
 - A **minimum cumulative GPA of 3.4** out of 4.0 (or equivalent) is required.
 - If you are currently in or have completed high school only, submit only your high school transcript.
 - If you have completed a degree beyond high school (not in nursing), submit your college transcript.
 - If you are currently enrolled in a program that is your *first degree in nursing*, please submit the official transcript from the current program, *in addition to* your previous degree or high school.
 - Transcripts must be official documents from the institution, stamped with school seal and submitted in a sealed envelope. Transcripts printed by the applicant are not accepted.
 - Electronic transcripts should be sent to Secor@nysna.org.
- Essay describing a significant experience that has influenced your decision to seek a nursing degree.**
 - The essay must be typed, font size 12, and double-spaced. Maximum 300 words.

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.

*Please place your name in upper right hand corner of each page of application packet
(except for transcripts).*

Email completed applications to SECOR@NYSNA.ORG

****Files should be attached as a single PDF file.****

Or mail application materials to:

**New York State Nurses Association
Secor Scholarship Committee
131 West 33rd Street, 4th Floor
New York, NY 10001**

I have read and understand the eligibility requirements for the 2026 NYSNA Secor Scholarship. This information is accurate to the best of my knowledge.

Signature _____ Date _____

2/11/2026