

Member Application NYSNA Secor Scholarship

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

Please print legibly.

Name of applicant _____ Membership # _____

Address _____

Telephone:

Home _____ Work _____

Cell _____

E-mail address _____

Current nursing major _____

Degree being sought (BS, BSN, MS, EdD, PhD, etc.) _____

The following documents must accompany this application:

- Resume/Curriculum vitae.**
- Two references (*reference form must be used*).**
 - One reference must be from a registered professional nurse. Second reference may come from, for example, a professor, employer/supervisor, or colleague.
- 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 post-high school institutions.**
 - A minimum cumulative GPA of 3.4 out of 4.0 (or equivalent) is required.
 - Current program: Submit official transcript(s) for classes attended in your current program, if you are currently enrolled.
 - Previous program: Submit official transcript(s) from the last nursing degree you completed.
 - NYSNA requires the transcripts must be official documents from the institution, stamped with college 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 addressing how you intend to contribute to the profession of nursing and how you believe this degree will assist you to make this contribution.**
 - 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 _____