

March 1,2020

Hello,

I am pleased to inform you that the **Middlesex County School Nurses Association** will award a nursing scholarship. Our intent is to encourage those who are interested in pursuing a professional **nursing education**.

There will be a \$500.00 scholarship awarded this year. This scholarship will be awarded to the student with the best credentials.

I am asking you to encourage all interested students to apply. Attached to this letter are the application and instructions. All applications must be **submitted by April 10,2020**.

Please send application to:

Yana Hernandez, RN, CSN  
New Brunswick Middle School  
1125 Livingston Avenue  
New Brunswick, NJ 08901

If you have any questions, I can be contacted at:  
johanne\_hernandez@nbpsnj.net  
(732)745-5300 Ext 8450

The Scholarship will be awarded on May 6 2020 at the Ria Mar Restaurant in South River NJ

Sincerely,

Yana Hernandez RN CSN

## **MIDDLESEX COUNTY SCHOOL NURSES ASSOCIATION SCHOLARSHIP APPLICATION**

### *Qualifications:*

- Must reside and/or go to a high school in Middlesex County
- have a 3.5 or higher grade point average
- will attend a four year collegiate nursing school

### *Please submit the following materials:*

- Scholarship Application: (Please note all information must be typed or printed)
- Copy of High School Transcript
- Two letters of reference: (one from applicant's guidance counselor)
- Written Statement: (This should be between 250-300 words and communicate any information you feel may be helpful to the scholarship committee. Please include why you are pursuing a career in nursing.)

### *Please submit all application materials to:*

Johanne (Yana) Hernandez RN CSN  
New Brunswick Middle School  
1125 Livingston Avenue  
New Brunswick, NJ

### **Application Deadline: April 10,2020**

Scholarship winner will be notified by mail.

The scholarship will be presented May 6, 2020 at the Middlesex County School Nurse Association Scholarship and Retirement Dinner.. The dinner will be at Ria Mar Restaurant in South River.

**ASSOCIATION  
SCHOLARSHIP APPLICATION**

NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOME ADDRESS:

\_\_\_\_\_

HIGH SCHOOL NAME AND ADDRESS:

\_\_\_\_\_

EXTRA CURRICULAR

ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HONORS AND OFFICES HELD:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTERESTS/HOBBIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMUNITY SERVICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGE THAT YOU PLAN TO ATTEND FOR NURSING PROGRAM:

---