



Nursing Students' Association of New York State



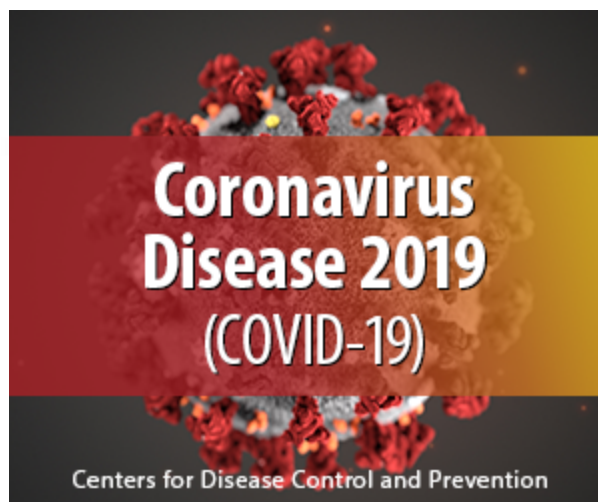
Website

2021 COVID-19 GeneRatioN of Heroes Scholarship

The NSANYS Board of Directors would like to award two outstanding nursing students with a \$500 scholarship for their efforts, whether employed or volunteering, throughout the ongoing COVID-19 pandemic. We would love to hear all of your stories and experiences, along with any pictures you may want to share as well. Please see the criteria for this award listed below and **THANK YOU** for all that you do.

Award Criteria:

- ❖ **Working/Volunteering on the frontlines during the COVID-19 pandemic**
- ❖ **Essay (300 words or less) about your experiences working through COVID-19**
- ❖ **Resume, preferred**
- ❖ **Pictures, if you choose!**
- ❖ **Release Form (included w/ application)**





Nursing Students' Association of New York State



PERSONAL INFORMATION

Applicant's Full Name:

Mailing Address:

Email:

Home phone number:

Cell phone number:

EDUCATION

NSNA Membership Number:

Nursing School:

School Address:

Program Type:

Expected Graduation Date:

GPA:

**I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP
APPLICATION IS CORRECT, AND ANY DISCREPANCIES
WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.**

(Signature)

(Date)

*** PLEASE ATTACH ALL APPLICATION MATERIALS HERE ***

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

I, _____, do hereby give the Nursing Students' Association of New York State full rights to publish my name, college I am attending, and personal development information disclosed in this application, photographs that I have provided and college update information.

I understand that by execution of this agreement, I am allowing the Nursing Students' Association of New York State to use my application materials, including my essay and any images I have provided, on the 2021 NSANYS 69th Annual Convention platform, Springer Passport via Acadiate, during and after the event, as well as any social media platforms belonging to the organization.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by the Nursing Students' Association of New York State in its print or electronic correspondence, catalog or on its website.

I hereby specifically waive my right to review or approve the modification of the above information. Modifications may be made to accommodate size or content restrictions. Modifications will not be made to "distort" or "falsify" any information provided.

I understand that this agreement in no way obligates the Nursing Students' Association of New York State to publish or use the information described above.

(Print Name)

(Signature)

(Date)