



STUDENT NURSE APPLICATION
FOR TUITION SCHOLARSHIP TO
SETTING THE PACE CONFERENCE

Date

Name

Street address

City

State

Zip

Phone

Email

Nursing School Attending

Briefly state why you would like to attend (50 words maximum)

Briefly state your nursing goals (50 words maximum)

Send to membership@nysena.org

Due 3/1 Notification by 3/15