



The Greater New York Korean Nurses Association Scholarship Announcement

The Greater New York Korean Nurses Association (NYKNA) is announcing five scholarships for nursing students who are to graduate within a year in a NY or NJ college (Pre-nursing students will be excluded). Five eligible candidates will receive \$1,000 from NYKNA.

1. Eligibility Criteria

- Korean American Heritage
- Plan to graduate from a NY/NJ college in 2017-2018
- Demonstrate financial need
- Earn a cumulative GPA of 3.0 or above
- Demonstrate potentiality to contribute to nursing profession in the future based on community participation, recommendation, and personal essay

2. Application Materials

- The completed scholarship application form (download from www.nykna.org)
- Official transcripts
- A letter of enrollment verification and candidacy for graduation in 2017-2018
- 2 Letters of Recommendation
- Personal Essay: reasons for choosing nursing as your career and future career goal (Limit 300 words)

3. Mailing Address: Kyungwha Park

255-17 Northern Blvd, Suite B3, Little Neck, NY 11363

4. Deadline: Nov 3 (Fri), 2017 (Only completed applications received by Nov 3, 2017 are considered. No registered or certified mail)

5. Award Date: Nov 17 (Fri), 2017, 6 pm

NYKNA 14th Annual Gala, Daedong Reception Hall
150-24 Northern Blvd, Flushing, NY 11354
718-939-2555

뉴욕 한인 간호협회 간호학생 장학금 공고

뉴욕 한인 간호협회에서는 2017 년 뉴욕 및 뉴저지에서 간호학을 전공하는 (Pre-Nursing Students 제외) 학생들을 대상으로 장학생을 선발 하고자 합니다. 총 5 명을 선출하며 1 인당 \$ 1,000 불의 장학금을 수여합니다.

1. 장학생 선발 기준

- 부모님 중 한분이 한국계의 혈통인 자녀
- 뉴욕 및 뉴저지 간호대학 재학생으로 2017-2018 년 졸업예정자
- 학비 보조가 필요한 학생
- 학업성적 우수자 (Overall GPA 3.0 or above)
- 미래의 간호학 발전에 기여할 가능성을 가진 자 (지역사회 봉사활동, 추천서, 개인 에세이)

2. 구비서류

- 장학금 신청양식 (www.nykna.org 에서 다운로드 받아서 작성하십시오)
- 성적 증명서
- 재학 및 졸업예정 2017-2018 증명서
- 추천서 2 매
- 개인에세이

3. 접수처: Kyungwha Park

255-17 Northern Blvd, Suite B3, Little Neck, NY 11363

4. 접수마감일: 11/03/2017 (금)

5. 수여날짜: 11/17/2017 (금), 6PM

대동 연회장 간호사의 밤 행사 당일

150-24 Northern Blvd

Flushing, NY 11354

718-939-2555



NYKNA Scholarship Application Form

Name: (First) _____ (Last) _____

Phone: (Home) _____ (Cell) _____

E-mail: _____ Date of Birth: _____

Home Address: (Street) _____

(City) _____ (State) _____ (Zip) _____

Name of Parent/Guardian: _____

College: _____

Grade: _____ Current GPA: _____

Expected Graduation Date: _____

Major (and Minor): _____

List honor, awards, community service activities, and scholarship:

Requirements:

1. The completed NYKNA Scholarship Application Form
2. An official transcript from currently enrolled school
3. A letter of enrollment verification and candidacy for graduation 2017-2018
4. Two letters of recommendation from College
5. Personal Essay: reasons to choose nursing as your career and future career goals in nursing (Limit 300 words)

I hereby certify that entries on this application are accurate and complete to the best of my knowledge and belief.

Print Name: _____

Signature: _____ Date: _____