

**Union County School Nurses Association High School Student Nursing Degree
2026
Scholarship Application**



The Union County School Nurses Association (UCSNA) is a voluntary professional organization that provides continuing education for its members and promotes high standards of care to meet the needs of the students and staff in our county schools. School Nursing is a specialty within the nursing profession. As a professional organization we want to promote nursing and support those wishing to make their nursing career choice by offering a **\$750.00** scholarship to a qualifying high school senior.

Nurse Scholarship Guidelines

Applicant Eligibility:

1. Must have been accepted and plan to attend a college or university nursing program.
2. Must have achieved a high school cumulative grade of 3.0 or better.
3. Must be a resident of Union County. Must be a senior in a Union County high school.

Application Process and Requirements:

1. Application: Complete, sign and submit application and have your parent/guardian co-sign application if you are under the age of 18. Do not leave any sections of the application blank. If any of the sections on the application do not pertain to you, write N/A. If you need more space to explain any answers, put all of the information on a blank sheet of paper and attach it to the application. If any sections of the application are blank or if there are missing or incomplete requirements, it is less likely that the committee can make a properly informed decision about rewarding you the scholarship.
2. Essay: Compose and submit an essay of approximately 300 words. Be sure the essay has a title and your name on the top left corner. The essay should be personal and should explain why you decided to become a nurse. Please identify characteristics, skills, and/or achievements that you possess which you believe will make you a good nurse.
3. Activities and Interests: Describe your primary interests, activities, clubs and positions.
4. High School Transcript with GPA: Request that your HS Guidance Counselor email a copy of your H.S. transcript to verdonma@epsnj.org as soon as possible.

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5. Recommendation Letters: Request two letters of recommendation. One of the recommendation letters should be from your school teacher/guidance counselor, please ask someone who knows you, and the other can be from a religious leader, employer or someone you respect. Both recommendation letters are **to be emailed by their authors to scholarshipsucsna@gmail.com.**
6. Submission: Email your application, essay, resume and college acceptance letter or enrollment evidence to: **scholarshipsucsna@gmail.com.**
7. Due Date: All requirements must be **emailed by April 6, 2026**, to qualify. Missing or incomplete requirements or late documents will eliminate your application from consideration.
8. Award Notification: Scholarship recipients will be notified no later than June 30, 2025. Scholarship may be presented at your Scholarship Awards Night or on another date by your School Nurse or a UCSNA member.

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Applicant's Name		Date of Birth	Age
Home Address			
Home phone #		Cell #	
E-Mail Address			
High School Name		Phone #	
H.S. Address			
High School Nurse's Name		Phone #	
College/School of Nursing	Name		
	Address		
Parent/Guardian		Occupation	
Parent/Guardian		Occupation	☐
Letters of Recommendations			
Name	Relationship to applicant	Contact info: Phone/email address	
1.			
2.			

Required Applicant Affirmation: I have been accepted into the above-named college or university's nursing program. I intend to attend this institution and to pursue a nursing degree. I give permission for a representative of the Union County School Nurse Association to contact my high school, college, or university to verify the information I have provided. If these institutions have any reluctance to release information because of privacy or confidentiality laws, concerns, or sensibilities, I waive those rights and urge the institution to cooperate with UCSNA. This waiver and release are limited to the information needed to verify my qualifications for this UCSNA's scholarship.

Applicant Signature: _____ Date: _____

Parental Consent if this applicant is under the age of 18: As legal parent/guardian of _____
I hereby give permission for the Union County School Nurses Association to contact my child by phone or email to address information needed to verify my child's qualifications for this UCSNA's scholarship.

Parent Signature: _____ Date: _____