



CareFirstNY AND WENY TV



2025 Trade and Technical School Scholarship

SCHOLARSHIP APPLICATION

Please complete entirely		Date: Click or tap here to enter text.
1.	First Name: Click or tap here to enter text.	Last Name: Click or tap here to enter text.
2.	Mailing Address Street: Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.	
3.	Telephone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.	
4.	Date of Birth: Click or tap here to enter text.	
5.	Name and address of the school you are currently attending: Click or tap here to enter text.	
6.	Name and address of the Nursing school you plan to attend in the fall: Click or tap here to enter text. What level of Nursing degree will you pursue? Click or tap here to enter text.	
7.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s): Click or tap here to enter text. Street: Click or tap here to enter text. City: Click or tap here to enter text. State: Click or tap here to enter text. Click or tap here to enter text. Zip: Home phone of parents or legal guardians: Click or tap here to enter text. Work phone: Click or tap here to enter text. Email address of parent or guardian: Click or tap here to enter text.	



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8. What area of Nursing are you most interested in? Click or tap here to enter text.

Why are you interested in pursuing a career in Nursing? Click or tap here to enter text.

Do you aspire for a career at a local company, if so who? Click or tap here to enter text.

Anything else you would like to tell us about yourself? Click or tap here to enter text.

9. Two Letters of Recommendation from a teacher, educator, employer etc.
Please include in application packet.



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STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: Click or tap here to enter text.

Date: Click or tap here to enter text.

Checklist

- Application
- 2 Letters of reference

EMAIL COMPLETE APPLICATION PACKAGE TO:
cmozes@weny.com

REMINDER:

**The deadline for this application to be received is:
May 23, 2025, 4:00 p.m. NO EXCEPTIONS!**