

THE VISITING NURSE SERVICE OF NEW YORK SCHOLARSHIP FUND

ELIGIBILITY REQUIREMENTS AND APPLICATION FILING INSTRUCTIONS

The Visiting Nurse Service of New York Scholarship Fund is for the education of sons and daughters of New York City uniform personnel who have died in "non-line of duty" incidents.

The eligibility requirements for scholarships from the Fund are as follows: children must be presently enrolled in or accepted by an accredited institution of higher learning. While priority will be given to students who are pursuing a career in the health sciences all eligible students, regardless of their field of study, are encouraged to apply. Families may submit an application for every child that fits the eligibility requirements. Scholarships are <u>not</u> restricted to residents of New York City or New York City colleges and universities. Past Visiting Nurse Service of New York scholarship recipients, who still meet the eligibility requirements, must reapply if they wish to be considered for a 2016-2017 scholarship.

Awards will be based on academic excellence, financial need, and career interests. Since the amount of funds available for the scholarships vary from year to year, the number of scholarships awarded vary as well. Therefore, we encourage all who meet the eligibility requirements to apply.

If you wish to apply for a scholarship, please complete the enclosed application form and submit it along with the following documentation:

- Official high school and college transcript(s) (if applicable)
- Official transcript of most recent school semester (if different from one of the above) *
- A copy of the family's 2015 tax return (if not available submit a copy of 2014 tax return)*
- A copy of your financial aid award letter*
- Submit an essay which describes your personal and/or career goals*
 - * For renewal of last year's scholarship, please submit application and items indicated by asterisk (*). Previous scholarship winners must submit a *NEW* essay each year.

THIS INFORMATION IS MANDATORY AND YOUR APPLICATION FORM WILL NOT BE PROCESSED WITHOUT ALL MATERIALS REQUESTED.

Your application must be received no later than Saturday, March 19, 2016. Your application, tax return and essay must be received by the deadline regardless of whether all required documentation is available! Additional documentation may be submitted under separate cover when it becomes available.

If you have any questions regarding the scholarship fund, please contact Karla Manning at the Police Foundation at (212) 751-8170.



VISITING NURSE SERVICE OF NEW YORK SCHOLARSHIP FUND APPLICATION FORM

	Please check one:	[] NEW APPLICATION] RENEW	AL APPLICATION
		IF RENEWAL, YEAR	OF LAST A	WARD:
I. PERSONAL IN	IFORMATION			
				Yr. of
Applicant's Name:			Age:	Birth:
Applicant's Address:_				
	Street #			Apt. #
_	City	State	Ziŗ	Code
Email Address:				
Telephone #:()	Living at:	[] Home	[] School
Name of Parent or G	uardian:			
Address:_				
	Street #			Apt. #
_	City	State	Ziţ	Code
Telephone #:()			
Please list all other sc	holarships, tuition aid	plans, grants, etc. you are r	eceiving:	
Please list any full or	part-time jobs you ho	ld during the summer or sch	nool year:	
Job:	Salary:			

Applicant's Name:	Page 2 of 4					
II. FAMILY INFORMAT	TION					
Please supply the following information about the family member who died as a result of "non-line of duty" circumstances:						
Name and Rank:	Shield #:		Year of Death:			
Please list information for al or guardian.	l dependents	s including applicar	nt if claimed as a dep	pendent by parent		
NAME	<u>Age</u>	Living at Home (Yes or No)	Enrolled in School (Enter Name)	Amount of Tuition or Expenses		
 I.	 _	\	*************************************			
2						
3						
4						
5						
6	 					
2015 Family Income Gross:_			le Gross Amount:_ ch you pay taxes)			
Please list all family benefits and indicate which family me		•	e trust funds or insu	rance policies, etc.		
(Please continue on the back	c of this page	e if necessary)				

Applicant's Name:	Page 3 of 4
III. SCHOOL INFORMATION	
Please complete the following:	
Name of Institution	Country
[] College [] Graduate School	
Date of Enrollment Date of Expected Graduation	
Annual Tuition: Annual Expenses:	
For College:	
High School Academic Average (Attach transcript)	
SAT Score	
Program of Study	
Extra Curricular Activities:	

DOCUMENTATION REQUIRED FOR FIRST TIME APPLICANTS

- Application
- Official High School & College Transcripts of most recently completed semester (not current semester)
- One letter of reference or recommendation from a teacher, professor or supervisor
- A Copy of financial aid award letter
- A Copy of your Federal or State Income Tax Returns (Include parents' return if claimed as a dependent)
- One page essay

Applicant's Name:	Page 4 of 4
-------------------	-------------

DOCUMENTATION REQUIRED TO RENEW

- Application
- Official transcript of **most recently completed** school semester (not the current semester)
- A Copy of financial aid award letter
- A Copy of your Federal or State Income Tax Returns (Include parents' return if claimed as a dependent)
- One page essay

It is each applicant's responsibility to apply for renewal of the scholarship each year.

Completed scholarship application with required documentation should be forwarded to: Karla Manning, New York City Police Foundation, Inc., 555 Fifth Avenue, 15th Floor, New York, NY 10017 By Fax to 212-750-7616 or By Email to info@nycpolicefoundation.org YOUR APPLICATION, TAX RETURN AND ESSAY MUST BE POSTMARKED/ FAXED/EMAILED ON OR BEFORE SATURDAY, MARCH 19, 2016 EVEN IF ALL OTHER DOCUMENTATION IS NOT AVAILABLE BY THE DUE DATE.