



**Yvonne McCalla Foundation Inc.**

701 Newark Avenue Suite 108

Elizabeth, NJ 07208

1888-499-9015

Website: [www.ymfinc.org](http://www.ymfinc.org)

Email: [ymfinc.org@gmail.com](mailto:ymfinc.org@gmail.com)

**Yvonne McCalla Foundation, Inc.  
Nursing Scholarship**

Dear Applicant:

The Yvonne McCalla Foundation, Inc. is happy to announce that we are accepting applications for our Nursing Scholarships. We seek to award two individuals with scholarship monies worth \$2000 each, to assist with their college education towards the field of Nursing.

**Board of Directors**

Debra N. Marshall  
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**Advisory Board**

Dr. Michelle Azu, MD

Carl L. Marshall, Esq.

Mary Searight

**Criteria for Application:**

- Applicant must be a minority female.
- Applicant must be a High School Senior who will declare a major in Nursing *or* current college/university student pursuing a degree in Nursing.
- Submit (2) letters of recommendation from a teacher/professor and/or School Counselor/ Academic Advisor.
- Personal Essay about why you are pursuing a career in nursing (250 words minimum).
- Provide a copy of your current transcript reflecting a GPA of 3.0 or above in sealed envelope from your School Counseling/Registrar Office.
- Must be enrolled in an accredited School of Nursing by the fall semester.
- Recipients will be invited to attend YMF Inc. annual scholarship event.

**Complete applications must be postmarked no later than  
April 15<sup>th</sup> and mailed to the address above.**



## YVONNE McCALLA FOUNDATION, INC. NURSING SCHOLARSHIP

Please type or print all information

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone # \_\_\_\_\_

Email \_\_\_\_\_

School currently attending: \_\_\_\_\_

### Community Service

Organization	Hours Served	Years Participated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Extra-Curricular Activities (include school and non-school related activities)

Activity/Club	Position Held	Grade	Hours Per Week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**Honors/ Awards**

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I hereby state that the above information is accurate to the best of my knowledge.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_