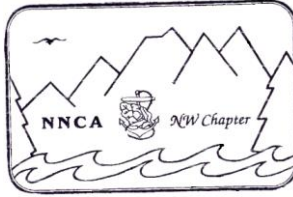


Northwest Navy Nurse Corps Association



GUIDELINES

Scholarship - A scholarship in the amount of \$1,500.00 is being offered to an undergraduate nursing student or a Registered Nurse continuing their studies toward a baccalaureate degree in nursing. The NWNCA Scholarship Committee will select the scholarship recipient.

Application - Applicants must supply information requested in the application forms. It is in the applicant's best interest to supply timely and detailed information. Only complete applications (including references and transcripts) will be evaluated by the scholarship committee. Acceptance of this scholarship **does not** commit the recipient to service in the military. No information concerning applicants will be shared with recruiters.

Eligibility - Applicants for scholarships for the Baccalaureate Degree must:

1. Be participating in an ACEN or CCNE accredited nursing program;
2. Have completed a minimum of two clinical courses, as documented on transcripts, when submitting the application;
3. Submit a transcript(s) for all credits applicable to the nursing degree (these may be unofficial);
4. Obtain two recommendations that include the attached **"Scholarship Reference Form" and a written narrative-**
 - a. One from a clinical faculty member;
 - b. One from a professional reference;
5. Submit a personal statement of 500 words or less answering the following questions:
 - a. What is your personal philosophy of nursing?
 - b. How will you use your education for the advancement of nursing?
 - c. The applicant should submit a professional paper using correct grammar, spelling and punctuation; and,
6. Submit, if applicable, documentation of current affiliation with the military.

Applicants

1. Must be a Nursing Major;
2. May be a full or part time student;
3. Must have a minimum of a 3.0 GPA;
4. Must anticipate graduation between December 2022 and August 2023;
5. Agree references may be sent directly to the committee without student review:
and
6. Must certify that all statements made in the application are complete and accurate.

If application is not sent as a single complete package, please ensure the chairperson has your contact information.

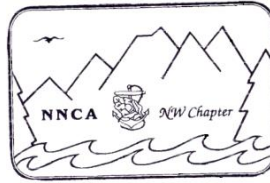
The completed application with all references must reach the committee chair by 15 June 2022 to be considered.

Return completed application and all related documents to:

NWNCA Scholarship Committee
c/o Joline I DeVos, Chair
1136 SW Barrington DR
Oak Harbor, WA 98277

Or jdbd@oakharbor.net

NORTHWEST NAVY NURSE CORPS ASSOCIATION



SCHOLARSHIP APPLICATION FOR BACCALAUREATE DEGREE IN NURSING

Applicant's Full Name: _____
Last First MI (Maiden)

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone: () _____ Email: _____
Date of Birth _____

Education:

Current School: _____

Date(s) of Attendance: _____

GPA (using a 4.0 scale): _____ Anticipated date of completion: _____

Transcripts (official or unofficial) must be sent to:
NWNNCA Scholarship Committee
c/o Joline I DeVos, Chair
1136 SW Barrington DR
Oak Harbor, WA 98277

<u>Community Involvement:</u>			<u>Hrs. per</u>	
<u>Activity</u>	<u>Place</u>	<u>Position</u>	<u>Month</u>	<u>Dates</u>

Use reverse side if necessary.

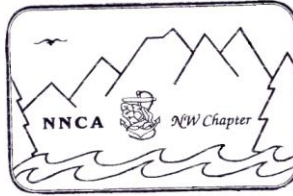
___ Yes ___ No I do not need to review the references that have been submitted in support of my scholarship application.

Military affiliation: ___ AD, Res, Ret, Vet
___ Parent(s) are AD, Res, Ret, Vet
___ Grandparents or other extended family members are AD, Res, Ret, Vet
___ None

I verify that all statements made in this application are complete and accurate.

Signature _____ Date _____

NORTHWEST NAVY NURSE CORPS ASSOCIATION



SCHOLARSHIP REFERENCE FORM

Submit reference from a clinical faculty member or professional colleague using the form below
Please type or print clearly

Candidate: _____
Last Name
First Name
MI

Home Address: _____
Street

City
State
Zip

Name of person writing reference: _____

School/Institution/Business: _____

Position: _____

Address: _____
Street

City
State
Zip

How long have you known applicant? _____

In what capacity? _____

Please address the following on a scale of N/A - 4 (1 - below average, 2-average, 3-above average, and 4 excellent):

	N/A	1	2	3	4
Clinical Competence					
Nursing Knowledge					
Ability to work with others					
Effective communication					
Professionalism					
Ability to lead others					
Accepts criticism					
Independence					

Please attach a typewritten narrative describing the candidate considering the above characteristics.

Signature _____

Note: Please send this reference with typewritten narrative to the committee chairperson at jlbd@oakharbor.net:
 J. DeVos, Chair Scholarship Committee, 1136 SW Barrington Dr Oak Harbor WA 98277