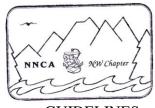
### NORTHWEST NAVY NURSE CORPS ASSOCIATION



**GUIDELINES** 

<u>Scholarship</u> - 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 NWNNCA Scholarship Committee will select the scholarship recipient.

<u>Application</u> – Applicants must supply information requested in the application forms. It is in the applicant's best interest to supply timely and detailed information. Any additional data and/or comments that support the application are strongly encouraged. Additional information should be typewritten and appended to the application form. Only complete applications (including references and transcripts) will be accepted. 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;
- 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?

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**

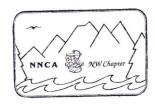
- 1. Must be a Nursing Major;
- 2. May be a full or part time student;
- 3. Must have and maintain a 3.0 GPA;
- 4. Must anticipate graduation between December 2016 and August 2017: and
- 5. Must certify that all statements made in the application are complete and accurate.

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

The completed application with all references must reach the committee chair by 30 June 2016 to be considered. Return completed application and all related documents to:

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

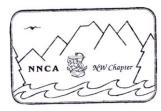
## NORTHWEST NAVY NURSE CORPS ASSOCIATION



#### SCHOLARSHIP APPLICATION FOR BACCALAUREATE DEGREE IN NURSING

Applicant's Full Na		IV FOR DACCALACKLE	The Decide in V	(VCROHVO				
rr	Last	First	MI	(Maiden)				
Home Address:	Street	City	State	Zip				
Mailing Address:—								
	Street	City	State	Zip				
Date of Birth Education:								
Date(s) of Attendar	nce:							
GPA (using a 4.0 so	cale):	Anticipated date of co	mpletion:					
	s/proof of enrollment must be sent from schools to:  NWNNCA Scholarship Committee  C/o Joline I DeVos, Chairperson  1136 SW Barrington DR  Oak Harbor, WA 98277							
Community Involv		_	Hrs. per	_				
Activity	<u>Place</u>	<u>Position</u>	<u>Month</u>	<u>Dates</u>				
Use reverse side if 1	necessary.							
Have submitted on and a written narra	-	ofessional reference consis	ting of the scholars	hip reference form				
Military affiliation:	AD, Res, Ret, Vet Parent(s) are AD, Grandparents or c None		nbers are AD, Res,	Ret, Vet				
I verify that all state	ements made in this ap	plication are complete and	l 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 refe	rence:					
School/Institution/Business Position:	:					
Address:						
Street						
City State Zip						
How long have you known a						
In what capacity?						
Please address the following excellent):	on a scale	e of N/A	A - 4 (1 ·	- below a	average, 2	2-average, 3-above average, and 4
	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 jdbd@oakharbor.net