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 NWNNCA 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. 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?
   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 and maintain a 3.0 GPA;
4. Must anticipate graduation between December 2020 and August 2021; 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 May 2020 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

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 from schools to:
NWWNNCA Scholarship Committee
c/o Joline I DeVos, Chairperson
1136 SW Barrington DR
Oak Harbor, WA 98277

Community Involvement:

<table>
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<th>Activity</th>
<th>Place</th>
<th>Position</th>
<th>Hrs. per</th>
<th>Month</th>
<th>Dates</th>
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Use reverse side if necessary.

Have submitted one academic and one professional reference consisting of the scholarship reference form and a written narrative.

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 ___________________________
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):

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<th>N/A</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<td>Clinical Competence</td>
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<td>Nursing Knowledge</td>
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<td>Ability to work with others</td>
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<td>Effective communication</td>
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<td>Independence</td>
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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