



**WASHINGTON METROPOLITAN AREA NAVY NURSE CORPS ASSOCIATION
2020 ADVANCED DEGREE SCHOLARSHIP APPLICATION**

Name _____

Address _____

Phone Number: _____ Email Address: _____

Desired Graduate Nursing Education _____

How will the scholarship funds be used? _____

Graduate School _____

Location _____

PREVIOUS EDUCATION

Schools Attended _____

Highest Degree (s) _____

MILITARY STATUS

(Active Duty, Reserve Component, Former, Retired)

CURRENT EMPLOYMENT

Employer _____

Location _____

Job Title _____

Dates of Employment _____

**PLEASE ATTACH RESUME AND LETTER OF ACCEPTANCE TO GRADUATE PROGRAM,
OR COPY OF TRANSCRIPTS IF CURRENTLY ATTENDING GRADUATE PROGRAM**

Signature _____ Date _____