



## Scholarship Application Accelerated Bachelor of Science

**Scholarship** – A scholarship in the amount of \$1,500.00 is being offered to a student in a Bachelor of Science in Nursing program. The Northwest Navy Nurse Corps Association (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. Submit a copy of transcript documenting completion of initial bachelor's education, nursing school pre-requisites, and from the program if courses have been completed there.
3. Submit letter of acceptance to the BSN program.
4. Obtain two recommendations that include the attached "Scholarship Reference Form" and a written narrative-
  - a. One from a 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 the nursing profession?
  - c. The applicant should submit a professional paper using correct grammar, spelling and punctuation; and,
6. Submit, if applicable, documentation of current/past 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 2025 and August 2026.
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 in the event there are questions. References may be sent directly to the chairperson.

The completed application with all references must reach the committee chair by 30 June 2025 to be considered. Send completed application and all related documents to:

[jdbd@oakharbor.net](mailto:jdbd@oakharbor.net)

or

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



## Scholarship Application Accelerated Bachelor of Science in Nursing

**Applicant's Full Name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ (Maiden): \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City State Zip

**Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Education:**

Original baccalaureate degree (Subject and school): \_\_\_\_\_

Graduation date: \_\_\_\_\_

School of Nursing: \_\_\_\_\_

GPA (using a 4.0 scale): \_\_\_\_\_

Anticipated date of completion: \_\_\_\_\_

**Community Involvement:**

Activity	Place	Position	Hrs per Month	Dates
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Use separate page if necessary.

\_\_\_ Yes \_\_\_ No I need to review the references 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



## Scholarship Reference Form Accelerated Bachelor of Science in Nursing

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

Candidate: \_\_\_\_\_  
Last Name
First Name
Middle Name

Candidate Contact info: \_\_\_\_\_  
Telephone number
e-mail address

Reference writer: \_\_\_\_\_

School/Institution/Business: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

e-mail address

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
Ability to multi-task					
Ability to work with others					
Effective communication skills					
Professional conduct					
Ability to lead others					
Accepts criticism					

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

Signature \_\_\_\_\_

Forward to the Committee Chair by email: [jdbd@oakharbor.net](mailto:jdbd@oakharbor.net) or by mail: Joline DeVos, Chair  
Scholarship Committee, 1136 SW Barrington Dr, Oak Harbor WA 98277 by 30 June 2025.