



## Scholarship Application Pre-licensure Bachelor of Science Degree

**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:

### 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.
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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 send a professional paper using correct grammar, spelling and punctuation; and,
  6. Submit, if applicable, documentation of current affiliation with the military.

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 Pre-Licensure 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:**

Current School: \_\_\_\_\_

Prior Post-secondary education: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

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

Send transcripts (official or unofficial) to:

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

**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 Pre-licensure 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
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

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.