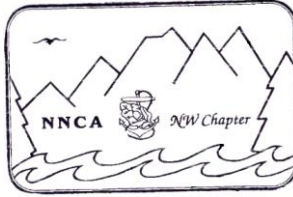


Northwest Navy Nurse Corps Association



ACCELERATED PROGRAM GUIDELINES

Scholarship – A scholarship in the amount of \$1,500.00 is being offered to a student in a BSN program. The 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 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 2024 and August 2025.
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.

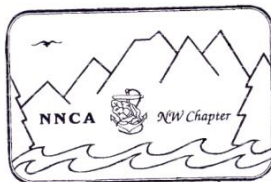
If application is not sent as a single complete package, please ensure the chairperson has your contact information.

The completed application with all references must reach the committee chair by 30 June 2024 to be considered. Return completed application and all related documents to:

NWNCA Scholarship Committee
c/o Joline I DeVos, Chair
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: _____

Education:

Current School: _____

Original baccalaureate degree (Subject and school): _____

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:

| <u>Activity</u> | <u>Place</u> | <u>Position</u> | <u>Hrs. per Month</u> | <u>Dates</u> |
|-----------------|--------------|-----------------|-----------------------|--------------|
|-----------------|--------------|-----------------|-----------------------|--------------|

Use reverse side if necessary.

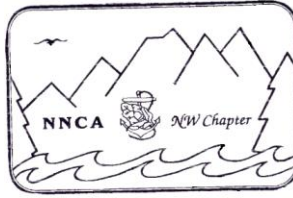
___ Yes ___ No I do not need to review the references submitted in support of my scholarship application.

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 _____

NORTHWEST NAVY NURSE CORPS ASSOCIATION



SCHOLARSHIP REFERENCE FORM

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

Contact Info: _____

Telephone number

e-mail address

Reference writer: _____

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):

| | 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

Note: Please send this form **with typewritten narrative** to the committee chairperson at jdbd@oakharbor.net:
J. DeVos, Chair Scholarship Committee, 1136 SW Barrington Dr, Oak Harbor WA 98277 by 20 June 2023.