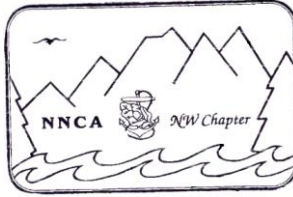


## Northwest Navy Nurse Corps Association



### RN to BSN APPLICATION GUIDELINES

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 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. Have completed an education program leading to eligibility for an RN license.
3. Submit a transcript(s) for initial RN qualifications and any credits from the BSN program; (these may be unofficial);
4. Letter of acceptance to a BSN program if no classes in the BSN program have been completed;
5. 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;
6. 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

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.

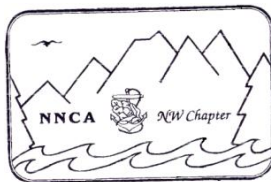
If application is not sent as a single complete package, please ensure the chairperson has your contact information.

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](mailto: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 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>
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\_\_\_\_\_

Use reverse side if necessary.

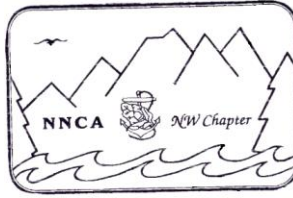
\_\_\_ Yes \_\_\_ No I do not need to review the references that have been submitted in support of my scholarship application.

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 clinical faculty member or professional colleague using the form below  
Please type or print clearly

Candidate: \_\_\_\_\_  
Last Name First Name MI  
Contact Information: \_\_\_\_\_  
Telephone number email address

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):

	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

Note: Please send this reference with typewritten narrative to the committee chairperson at [jdbd@oakharbor.net](mailto:jdbd@oakharbor.net): or  
J. DeVos, Chair Scholarship Committee, 1136 SW Barrington Dr Oak Harbor WA 98277 by 30 June 2024.