Scholarship – A scholarship for $1,500.00 is being offered to an undergraduate nursing student. The NWNNCA 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 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.

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 2023 and August 2024.
5. Agree references may be sent directly to the committee without student review.

Must certify that all statements made in the application are complete and accurate. Please send an e-mail with your contact information to the chair to enable communication concerning your application.

The completed application with all references must reach the committee chair by 20 June 2023 to be considered. Return completed application and all related documents to:

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

Or jdbd@oakharbor.net
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: _______________________________________________________

Prior Post-secondary education: ___________________________________________

Date(s) of Attendance: ________________________________________________

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

Send transcripts (official or unofficial) to:

NWWNCA 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

| | | | |

Use reverse side if necessary.

___ Yes ___ No I do not need to review the references that have been sent 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

Home Address:  
Street
City  State  Zip

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):

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<th>N/A</th>
<th>1</th>
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<th>3</th>
<th>4</th>
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<td>Clinical Competence</td>
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<td>Nursing Knowledge</td>
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<td>Ability to work with others</td>
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<td>Accepts criticism</td>
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<td>Independence</td>
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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.