NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

To: Directors of Nursing
   Deans and/or Chairpersons of Nursing Program

From: Navy Nurse Corps Association of Southern California Scholarship Committee

The Navy Nurse Corps Association of Southern California Scholarship Committee has established a fund to award scholarships to deserving nursing students and Registered Nurses to continue their studies for a baccalaureate degree in nursing. The amount of the awards will be up to $2500. At this time we anticipate awarding two to three scholarships for September 2016.

Enclosed are the guidelines for applying along with the forms to be completed for the scholarship. These may be duplicated or electronic copies may be obtained by emailing me at patbull@icloud.com. Applications should be returned by May 15, 2016. Only completed applications and forms will be considered. Announcement of the selections will be made in late June or early July.

Applications are to be sent to:

   NNCASC Scholarship Committee
   c/o Pat Bull, Chairperson
   4950 Treasure Dr.
   La Mesa, CA 91941

Thank you for distributing this information to your BSN nursing students.

Sincerely,

Pat Bull
NNCASC Scholarship Committee Chair

Enclosures:
(1) Guidelines
(2) Application
(3) Reference Forms
(4) Financial Assistance Questionnaire
NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

GUIDELINES

Scholarship - Scholarships are being offered to undergraduate nursing students and registered nurses to continue their studies for a baccalaureate degree in nursing. Recipients of scholarships will be selected by the Navy Nurse Corps Association of Southern California (NNCASC) Scholarship Committee.

Applicants:
1. Must be accepted by an accredited nursing program in Southern California
2. Must be a Nursing Major
3. May be a full or part time student
4. Must have a current grade point average of at least 3.0
5. Must give evidence of successful completion of at least one clinical nursing course

Application - Applicants must submit a completed application form. Any additional data and/or comments that support the application are strongly encouraged. Only complete applications (including 2 references and original transcripts) will be accepted. Incomplete materials will not be returned to the applicant, however applicants will be notified of discrepancies prior to closing date.

Applicants for scholarships for the Baccalaureate Degree must submit:

1. Completed application form
2. Original transcript from current program – in sealed envelope sent directly to below address.
3. Two professional nursing references (mailed directly to below address). One must be from a School of Nursing faculty member.
4. A personal statement of 500 words or less giving reasons you are qualified for the scholarship as well as how the scholarship will benefit you. Please include career goals and potential for contribution to the profession.
5. A completed Financial Assistance Questionnaire

Application deadline is May 15, 2016. Only applications received on or before the deadline will be accepted. Return completed application and all related documents in one mailing to:

NNCASC Scholarship Committee
c/o Pat Bull
4950 Treasure Dr.
La Mesa, CA 91941
NAVF NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

SCHOLARSHIP APPLICATION FOR BACCALAUREATE DEGREE IN NURSING
(Please type or print clearly)

Applicant’s Full Name: ____________________________________________________________________________
Last __________ First __________ MI __________ (Maiden Name) ____________________________________________________________________________

Mailing Address: ________________________________________________________________________________
Street __________ City __________ State __________ Zip __________

Phone: ______ Email: _____________________________________________________________________________

Education:
Current School: ________________________________________________________________________________
Date(s) of Attendance: __________________________________________________________________________
GPA (using a 4.0 scale): __________ Anticipated date of graduation: __________________________________________________________________________

Other Post High Schools Attended: __________________________________________________________________________
(include # credits and degree)
________________________________________________________________________
________________________________________________________________________

Official transcripts and proof of enrollment must be sent to: NNCASC Scholarship Committee
C/o Pat Bull, Chairperson
NLT May 15, 2015
4950 Treasure Dr.
La Mesa, CA 91941

Employment Record: List in chronological order with present employment first.

<table>
<thead>
<tr>
<th>Place</th>
<th>Dates</th>
<th>Position</th>
<th>Part/Full Time</th>
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<tbody>
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</tbody>
</table>

Use reverse side if necessary.

Community Involvement/Family Responsibilities:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Place</th>
<th>Position</th>
<th>Hrs. per month</th>
<th>Dates</th>
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</thead>
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Use reverse side if necessary.

Military/Civil Service Affiliation: (if any) __________________________________________________________________________
(Active Duty, Reserve duty, Veteran, Family member, Civil Service employee, etc)

Honors/Awards/Recognitions: (high school to present)

Honor: __________________________________________________________________________
Date: __________

Use reverse side if necessary

Submit two professional references using accompanying form. Reference should include a typewritten narrative attesting to applicant’s competency in nursing. Reference is to be sent by person writing reference directly to address above.

I verify that all statements made in this application are complete and accurate.

________________________________________________________________________
Signature Date
NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

SCHOLARSHIP REFERENCE FORM

Submit 2 professional nursing references using the form below. One must be from a faculty member in nursing. References should be sent directly to Committee Chair, not given to student.

Please Print or type

Candidate: ____________________________

Last Name    First Name    MI

Name of Person Writing Reference: ____________________________

School/Institution/Business: ____________________________

Position: ____________________________ Phone number: ____________________________

Address: ____________________________

Street

City    State    Zip

Email Address: ____________________________

How long have you known applicant? ____________________________

In what capacity? ____________________________

Please address the following on a scale of 1-3 (3 being the best rating):

<table>
<thead>
<tr>
<th>Category</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Attitude</td>
<td>N/A</td>
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<tr>
<td>Character (Honesty/Integrity)</td>
<td>N/A</td>
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<tr>
<td>Competency/Performance</td>
<td>N/A</td>
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<tr>
<td>1. Clinical application</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Theory</td>
<td>N/A</td>
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<tr>
<td>Professionalism</td>
<td>N/A</td>
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<tr>
<td>Leadership</td>
<td>N/A</td>
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<tr>
<td>Management</td>
<td>N/A</td>
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<tr>
<td>Self-direction</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Please attach a typewritten narrative describing the candidate in light of your rating.

Signature ____________________________ Date ____________________________

Note: Please send this reference to: NNCASC Scholarship Committee e/o Pat Bull 4950 Treasure Dr La Mesa, CA 91941 no later than May 15, 2016
NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

FINANCIAL ASSISTANCE QUESTIONNAIRE

Since the need for scholarship funds is a component of the factors considered in awarding scholarships, the following information is required. This page of the application, when completed, is made available only to the Scholarship Committee of the Navy Nurse Corps Association of Southern California. The information will be held in strict confidence.

Applicant’s Name: ____________________________________________________________

Address: __________________________________________________________________

__________________________ ___________________________ ____________
Street City State Zip

Are you relying on your parent’s financial support for education expenses? ______________

How many other students in your family will be relying on you or your parents for financial support for education expenses this year? ________________________________________________

Number of Dependents (those financially dependent upon you): __________________________

Relationship(s): _____________________________________________________________

Estimated costs for the coming year (2016/2017 academic year):

Tuition and fees: $ __________________

Books and supplies: $ __________________

Room and board: $ __________________

Travel/commuting: $ __________________

Personal expenses: $ __________________

Total: $ __________________

Sources of funding to meet these expenses:

Expected contributions from family members: $ __________________

Expected contributions from your earnings: $ __________________

Expected contributions from your savings: $ __________________

Awards, scholarships, grants received: $ __________________

Awards, scholarships, grants pending approval: $ __________________

Other sources of funding (please identify): $ __________________

__________________________________________________________

Total: $ __________________

Note: Totals for estimated costs and sources of funding should match.