



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 BSN 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 why 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 1, 2019. Only applications received on or before the deadline will be accepted. Return completed application, personal statement, and financial assistance questionnaire in one mailing to the address below. References and transcripts are to be sent directly to address below by source.

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

NAVY 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
4950 Treasure Dr.
La Mesa, CA 91941
NLT May 1, 2019

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

<u>Place</u>	<u>Dates</u>	<u>Position</u>	<u>Part/Full Time</u>

Use reverse side if necessary.

Community Involvement/Family Responsibilities:

<u>Activity</u>	<u>Place</u>	<u>Position</u>	<u>Hrs. per month</u>	<u>Dates</u>

Use reverse side if necessary.

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

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

<u>Honor</u>	<u>Date</u>

Use reverse side if necessary

Submit two professional Nursing references using accompanying form. References are to 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 _____



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SCHOLARSHIP REFERENCE FORM

Submit 2 professional nursing references using the form below. One must be from a faculty member in nursing.
References are to 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 1-5 (5 being the best rating):

Attitude	N/A	1	2	3	4	5
Character (Honesty/Integrity)	N/A	1	2	3	4	5
Competency/Performance	N/A	1	2	3	4	5
1. Clinical application	N/A	1	2	3	4	5
2. Theory	N/A	1	2	3	4	5
Professionalism	N/A	1	2	3	4	5
Leadership	N/A	1	2	3	4	5
Self-direction	N/A	1	2	3	4	5

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

Signature _____ Date _____

Note: Please send this reference to: NNCASC Scholarship Committee
c/o Pat Bull
4950 Treasure Dr
La Mesa, CA 91941

no later than May 1, 2019

NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

FINANCIAL ASSISTANCE QUESTIONNAIRE

Since the need for scholarship funds is one 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 applying for FAFSA for the 2019-2020 academic year? _____

Did you qualify for federal aid for the 2018-2019 academic year? _____

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

Relationship(s): _____

Estimated costs for the coming year (2019/2020 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: \$ _____

Student loans for 2019/2020 academic year: \$ _____

Other sources of funding (please identify): \$ _____

Total: \$ _____

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