

NENNCA SCHOLARSHIP

GUIDELINES



Scholarship – A scholarship in the amount of \$1,000.00 is being offered to an undergraduate Bachelor of Science in Nursing (BSN) student or a Registered Nurse (RN) continuing their studies for a BSN or a Master’s degree in Nursing. Recipients of scholarships will be selected by the NENNCA Board.

Application – Applicants must supply information requested on the application forms, to include references and transcripts. It is in the applicant’s best interest to supply a completed packet in a timely manner. Only completed applications will be accepted (Request faculty recommendations be emailed directly to the Chairperson/President). Information received will not be shared with recruiters or anyone outside of the NENNCA Board. Deadline: May 31, 2021.

Eligibility – BSN applicants/ MSN applicants must:

1. Be accepted, or already participating, in an accredited nursing program (ACEN or CCNE);
2. Give evidence of successful completion of at least two clinical nursing courses;
3. Submit a transcript for all credits applicable to the nursing degree (these may be unofficial or official);
4. Obtain 2 recommendations (one clinical and one professional) from faculty members or professional persons. Please utilize the attached reference forms and provide a separate written statement on official letterhead;
5. Submit a personal statement of 500 words, or less, giving reasons why you are seeking this scholarship, to include: Why do you think you are qualified for this scholarship? How will you use your education for the advancement of nursing? How will you benefit from this scholarship? What are your career goals?
6. The paper must be grammatically correct, to include spelling and punctuations;
7. Submit any documentation, or current affiliation with the military, if applicable.

Applicants

1. Must be a Nursing Major only;
2. May be a full or part time student;
3. Must have a grade point average (GPA) of at least 3.0;
4. Provide anticipated graduation dates;
5. Must certify that all statements made in the application are complete and accurate.
6. Agree references may be directly sent to the chair of the committee without student review.

Only applications received on or before the deadline will be accepted. Please return completed application and all related documents in one mailing to: iweaver108@gmail.com

**SCHOLARSHIP APPLICATION FOR BACCALAUREATE/MASTER'S DEGREE
IN NURSING**



(A Curriculum Vitae or Resume may be attached to this form electronically if it contains the required information.)

BSN _____ RN to BSN _____ MASTER'S _____

(PLEASE CHECK ONE)

Applicant's Full Name:

Last First MI (Maiden Name)

Home Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

Phone: () _____ Email: _____

DOB _____ Single: _____ Married _____

Education:

Current School: _____

Other Schools/or colleges attended post Baccalaureate: _____

Date(s) of Attendance: _____

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

Have you been accepted, or currently in an NLN accredited program: _____

List Involvements in all Professional and Nursing Organizations: _____

Transcripts (unofficial) to be included in this package and send to iweaver108@gmail.com

Employment Record: List in chronological order with present employment first. (attach CV)

Place Dates Position Part/Full Time

Community Involvement:

Activity Place Position Hrs./month Dates

Military affiliation (Former Military and Veteran's must have an Honorable Discharge):

_____ I am currently in the Reserve Officers' Training Corps (ROTC); Navy Medical Enlisted Commissioning Program (MECP)

_____ I am Active Duty, Reservist, Retired Military, Veteran (circle one if applicable)

_____ My parent(s) are Active Duty, Reservist, Retired Military, Veteran (circle one if applicable)

_____ My Grandparents or other extended family members are or have served in the military.

_____ None of the above.

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

Signature

Date

SCHOLARSHIP REFERENCE FORM (Print this form)

Submit two references, one from a **clinical faculty member** and one from a **professional colleague** using the form below (circle one)

Faculty- Please scan and submit this form separately to:

iweaver108@gmail.com

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 the applicant? _____

In what capacity? _____

Please address the following on a scale of N/A – 4.

(1-below average, 2-average, 3-above average, 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					

Additionally, please attach a typewritten narrative, on office letterhead, describing the candidate considering the above characteristics.

Signature

Date

Note: Please send this reference to Irene K. Weaver, President, NENCA electronically at:

lweaver108@gmail.com

Thank you for your time and energy with completing this reference!