NEW ENGLAND NAVY NURSE CORPS ASSOCIATION

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

From: New England Navy Nurse Corps Association Scholarship Committee

The New England Navy Nurse Corps Association Scholarship Committee has established a fund to award scholarships to deserving nursing students and Registered Nurses to continue their studies for a Baccalaureate or Master’s degree in Nursing. The amount of the award will be $1,000.00. At this time, we are anticipating awarding one scholarship each year.

We would appreciate the dissemination of the enclosed information and applications to interested students.

Enclosed you will find information and applications for the scholarship. These may be duplicated or more copies may be obtained from the below address. We would appreciate the return of applications by 31 May. Only completed application and forms will be considered.

Applications may be sent to the:

    NENNCA Scholarship Committee
    c/o Maria K. Carroll
    22 William Drive
    Middletown, RI 02842-5266

Sincerely yours,

Maria K. Carroll, Chairperson
NENNCA Scholarship Committee

Enclosure: Application package consisting of:
1. Guidelines
2. Baccalaureate Degree in Nursing Scholarship Application
3. Master’s Degree in Nursing Scholarship Application
4. Reference Forms (2)
5. Financial Assistance Questionnaire
GUIDELINES

Scholarship - Scholarships are being offered to undergraduate nursing students and Registered Nurses to continue their studies for a baccalaureate or master’s degree in nursing. Recipients of scholarships will be selected by the NENNCA Scholarship Committee.

Application - Applicants must supply information requested in the application forms. It is in the applicant’s best interest to supply timely and detailed information. Any additional data and/or comments that support the application is strongly encouraged. Applicants should include the completed form and additional information typewritten on 8 1/2 x 11 inch paper stapled to the form. Only complete applications (including references and transcripts) will be accepted. Incomplete materials will be returned to the applicant.

Eligibility - Applicants for scholarships for the Baccalaureate Degree must:

1. Be accepted by an accredited nursing program;
2. Give evidence of successful completion of at least one clinical nursing course;
3. Submit a transcript from a current or completed program;
4. Obtain 2 recommendations from faculty members or professional persons on official letterhead;
5. Submit a personal statement of 500 words or less giving reasons you are qualified for a scholarship including career goals and potential for contribution to the profession;
6. Submit, if applicable, a recommendation of a NENNCA member;
7. Submit, if applicable, documentation or current status as a Nurse Corps Officer.

Applicants

1. Must be a Nursing Major only;
2. May be a full or part time student;
3. Must have a grade point average of at least 2.3 for a completed program.

Applicants for a Master’s Degree must meet all the requirements for a Baccalaureate Candidate plus be accepted into a Master’s Program in Nursing.

Application deadline is 31 May. Only applications received on or before the deadline will be accepted. Return completed application and all related documents in one mailing to:

NENNCA Scholarship Committee
c/o Maria K. Carroll, Chairperson
22 William Drive
Middletown, RI 02842-5266
NEW ENGLAND NAVY NURSE CORPS ASSOCIATION

SCHOLARSHIP APPLICATION FOR BACCALAUREATE DEGREE IN NURSING

Please type or print clearly
Applicant’s Full Name: ____________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>(Maiden Name)</th>
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Home address: ______________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Mailing Address: ________________________________

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Phone: (____) ____________________________

Date of Birth: ______________________

Education:

Current School: __________________________________

Date(s) of Attendance: __________________________

GPA (using a 4.0 scale): _______________________

Other Post High School(s) Attended:

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<tr>
<th>Credits/Degree:</th>
<th>Anticipated date of completion:</th>
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Official transcripts/proof of enrollment must be sent from schools to:

NENNCA Scholarship Committee
c/o Maria K. Carroll, Chairperson
22 William Drive
Middletown, RI 02842-5266

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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| Use reverse side if necessary. |

Community Involvement:

<table>
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<th>Activity</th>
<th>Place</th>
<th>Position</th>
<th>Hrs./month</th>
<th>Dates</th>
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</table>

| Use reverse side if necessary. |

Submit two typewritten professional references on official letterhead attesting to competency in nursing.

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

Signature ___________________ Date ______
