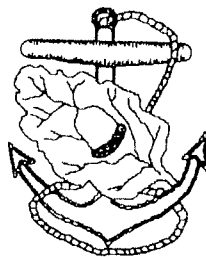


NEW ENGLAND NAVY NURSE CORPS ASSOCIATION



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,

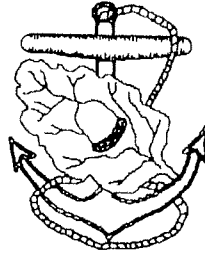


Maria K. Carroll, Chairperson
NENNCA Scholarship Committee

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

NEW ENGLAND NAVY NURSE CORPS ASSOCIATION



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: _____

Last

First

MI

(Maiden Name)

Home address: _____

Street

City

State

Zip

Mailing Address: _____

Street

City

State

Zip

Phone: () _____

Date of Birth: _____

Education:

Current School: _____

Date(s) of Attendance: _____

GPA (using a 4.0 scale): _____

Other Post High School(s) Attended: _____

Credits/Degree: _____

GPA: _____

Anticipated date of completion: _____

Official transcripts/proof of enrollment must be sent from schools to:

NENCA 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.

Place

Dates

Position

Part/Full Time

Use reverse side if necessary.

Community Involvement:

Activity

Place

Position

Hrs./month

Dates

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 _____