PURPOSE STATEMENT
The Washington State Nurses Foundation (WSNF) annually will award scholarships to qualified students preparing for a career as registered nurses in Washington State. The minimum amount of each scholarship is $1,000.

APPLICATION DEADLINE & SCHOLARSHIP AWARD
Materials must be postmarked by Feb. 9, 2018 and scholarship award announcements will be made by April 15, 2018.

ELIGIBILITY
Undergraduate student applicants must be enrolled in an approved program leading to an associate or baccalaureate nursing degree, and must have completed at least 12 credits in the RN program. Graduate student applicants must be admitted to an approved graduate nursing program to be eligible to apply for a scholarship. Applicants must be either a resident of Washington state or enrolled in an approved RN program in Washington state.

Eligibility Check List  Check all that apply
☐ Washington state resident or enrolled in an RN program in Washington state
☐ Minimum of 3.0 GPA on a 4.0 scale in all nursing courses
☐ Undergraduate student enrolled in a Washington State approved or a CCNE/CNEA/ACEN accredited ADN or BSN program
☐ Must have completed at least 12 credits in the RN program
☐ Graduate student must be admitted to a CCNE accredited graduate nursing program
☐ Licensed RN applicant must be WSNA member

Scholarships will be awarded on the basis of academic performance, nursing leadership, school and community involvement, professional activities, and commitment to the Washington State Nurses Association (WSNA).

REQUIRED MATERIALS
2. A copy of your official transcript(s) including nursing prerequisites.
3. Two completed Applicant Recommendation forms (attached) from two current nursing instructors. Each Applicant Recommendation will speak to the student's ability to meet the scholarship criteria.

It is the responsibility of the applicant to make certain a complete application, including completed recommendations, is submitted by Feb. 9, 2018. Incomplete applications will not be considered. Funds will be available after June 1, 2018 for the 2018–2019 academic year.

Recipients will be selected by the WSNF Scholarship Committee. All information will be held in strict confidence.

PLEASE READ AND COMPLETE
I, ____________________________________________________________ (print your name), certify that all information on the application, all enclosures, and all credentials submitted by myself and others on my behalf are true and accurate to the best of my knowledge, and will remain the property of the WSNF. I understand that any misrepresentations may result in the awarded scholarship being rescinded.

If I am awarded a scholarship, it is my intent to complete the nursing program specified, and to work as a licensed Registered Nurse in Washington State. I agree to be interviewed by a WSNF Trustee, provide a statement that addresses how the funds will be used, and submit a
photograph of myself for publication in The Washington Nurse, the official quarterly publication of the Washington State Nurses Association, and use in other WSNF publicity.

I certify that I am currently enrolled in ____________________________ School of Nursing.

Anticipated Date of Graduation: __________________________

Completion Degree:  ☐ ADN  ☐ BSN  ☐ Masters  ☐ Doctorate

If awarded, I designate this scholarship be sent to ☐ college / university or ☐ student loan repayment.

Signature of Applicant __________________________ Date ____________

APPLICANT INFORMATION

Name __________________________

Student Identification Number __________________________

Birth Date __________________________

Address __________________________

City __________________________ State Zip Code __________________________

Home Phone __________________________ Email __________________________

ACADEMIC / PROFESSIONAL STANDING

High School City State Graduation Date GPA (4.0 Scale)

College / University City State Dates Attended

Major GPA (4.0 Scale) Please enclose official transcript

College / University City State Dates Attended

Major GPA (4.0 Scale) Please enclose official transcript

ADDITIONAL INFORMATION

To respond to the remaining criteria, please attach no more than one single-sided, typed page for each question.

Address each question in its entirety, giving the scholarship selection committee a complete picture of your abilities in, and commitment to nursing.

1. Leadership
   Describe your participation in school and volunteer activities, including offices and positions of leadership held in the past and in the present.

2. Honors & Awards
   List honors and awards you have received, stating the nature of the honor/award and date. Explain the relevance of the honor/award to nursing.

3. Background & Experiences
   Describe special or unusual life experiences or activities that have made an impact on your nursing career, or that assisted you to decide on nursing as a profession.

4. Goals for Nursing
   Briefly describe your long and short term goals for your nursing career. Include your plans for furthering your education and volunteer service to your community.

5. Role in WSNA / ANA or Student Nurse Association
   Describe what you anticipate your role in the professional organization (Washington State Nurses Association / American Nurses Association/Student Nurses Association) will be, and why it is important to you. If you are already an RN, explain your involvement in the professional organization and reasons for participation. If you are a student, explain your involvement in your student nurses association or similar group, if applicable.

6. Work Experience
   Describe your past work experience (both paid and volunteer), and explain why this may or may not impact your career in nursing.
Please type or print neatly. All materials must be postmarked by February 9, 2018. Return this completed form to the applicant in a sealed envelope. The applicant is responsible for sending it as a part of the application packet.

________________________________________________________________________________________________________________________________________________________________________

Name of Applicant

________________________________________________________________________________________________________________________________________________________________________

Academic Institution

________________________________________________________________________________________________________________________________________________________________________

Name of Nursing Instructor Daytime Phone

________________________________________________________________________________________________________________________________________________________________________

Signature of Instructor Date

1. In what context do you know the applicant, and for how long?

________________________________________________________________________________________________________________________________________________________________________

2. How does the applicant meet the attached Washington State Nurses Foundation Scholarship criteria?

________________________________________________________________________________________________________________________________________________________________________

3. What do you see as the applicant’s commitment to professional nursing practice?

________________________________________________________________________________________________________________________________________________________________________

4. Optional remarks
Please type or print neatly. All materials must be postmarked by February 9, 2018. Return this completed form to the applicant in a sealed envelope. The applicant is responsible for sending it as a part of the application packet.

Name of Applicant

Academic Institution

Name of Nursing Instructor

Daytime Phone

Signature of Instructor

Date

1. In what context do you know the applicant, and for how long?

2. How does the applicant meet the attached Washington State Nurses Foundation Scholarship criteria?

3. What do you see as the applicant’s commitment to professional nursing practice?

4. Optional remarks