SCHOLARSHIP APPLICATION INFORMATION

Please keep all additional papers to this application the same size.

Return all papers to Mt. Baker District #1 Nurses Association, Box 5787, Bellingham, WA 98227.

Deadline for receipt of application is Friday, 4 May 2012. Recipients will be notified by mail or email by May 25th.

Guidelines are as follows:

1. Student must be accepted at or attending an accredited RN school of nursing or accredited continuing education institution. This does not include any form of pre-nursing.

2. Candidate must be from Whatcom County or have lived in Whatcom County for the past twelve months.

3. Candidate must be in need of financial assistance to begin his/her nursing education to become a professional registered nurse or continue his/her nursing education. This need should be clear and detailed. (see instructions below)

4. Scholarship award is also based on academic ability.

5. Applicants may reapply yearly. Be sure to check application deadline.

6. Your application must include the following information (presentation of material can be a deciding factor): There is a grading rubric by which the points below are evaluated against other applications.

   A. The completed enclosed Personal Data form (2 pages).
   B. Transcript of previous school year or relevant transcripts of nursing education. A copy is acceptable.
   C. A copy of acceptance or verification by the school of nursing, community education program, or job retraining program.
   D. At least one written recommendation by a counselor, advisor or teacher (not necessarily a nurse).
   E. At least one personal reference (not relative) which should include applicant's personality, personal integrity and relationship to the applicant. All references and recommendations must accompany the application and not be sent separately.
   F. A brief (one page) narrative which includes the following:
      ♦ Your professional and educational goals in nursing.
      ♦ Your financial need. Please note any factors that might influence your financial support that is not otherwise reflected in the application, i.e., family medical expenses, support of others, etc.)

7. If you wish to have application materials returned to you for future use, please enclose a self-addressed, stamped envelope. Material will otherwise be discarded.
PERSONAL DATA
YOUR NAME ____________________________________________
MAILING ADDRESS ____________________________________________
________________________________________________________________
TELEPHONE (Home) __________ (Mobile) __________
HOW LONG HAVE YOU LIVED IN WHATCOM COUNTY? ______________
If your mailing address is not in Whatcom County, please tell us how you meet
criteria #2 on the information page
________________________________________________________________
________________________________________________________________

DOES ANYONE CLAIM YOU AS A DEPENDENT FOR IRS PURPOSES? ________

School of nursing, continuing education or job retraining nursing program in
which you are enrolled/accepted (must show that it is in a nursing program,
general admission to college not sufficient)
NAME ____________________________________________
ADDRESS ____________________________________________
________________________________________________________________
CONTACT PERSON: ________________________________

Please tell us about any experience you have had in or related to the field of
nursing?
________________________________________________________________
________________________________________________________________
________________________________________________________________
WHERE? ____________________________________________
FOR HOW LONG? ____________________________________________

EDUCATIONAL BACKGROUND:
________________________________________________________________
________________________________________________________________
RELEVANT SKILLS OR EXPERIENCE GAINED THROUGH HOBBIES, SCHOOL, VOLUNTEER WORK, HONORS, AWARDS ETC. (MAY INCLUDE RESUME)

________________________________________________________________________
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The above information will be held in the strictest confidence and will not be shared outside of the board officers of MBNA. Factors that will be considered in scholarship selection include: academic performance, quality of references, financial need, specialization, and career advancement. Your signature below will attest to the accuracy and integrity of the information you have provided on this form.

SIGNATURE __________________________ DATE __________
SIGNATURE __________________________ DATE __________
(Parent or spouse if you are under 18 and/or will be receiving financial support from either)