

MOUNT BAKER NURSES ASSOCIATION
District #1: WASHINGTON STATE NURSES ASSOCIATION
PO BOX 5787
BELLINGHAM, WASHINGTON 98227

Amount: up to \$750.00

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, 28 April 2017 Recipients will be notified by mail or email by May 15th.

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.
1. Candidate must be from Whatcom County or have lived in Whatcom County for the past twelve months.
1. 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)
1. Scholarship award is also based on academic ability.
1. Applicants may reapply yearly. Be sure to check application deadline.
1. 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.)
6. 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:

Please turn over and complete the reverse side

Attach additional information if more space needed.

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

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)