To: Directors of Nursing, Deans, Chairs of Nursing Program, Veterans Service Organizations, Nurse ROTC Program Directors and Others

From: Southern Mid-Atlantic Navy Nurse Corps Association Scholarship Committee

The Southern Mid-Atlantic Navy Nurse Corps Association has established a fund to award scholarships to deserving nursing students to continue their studies for a baccalaureate degree in nursing OR for students who have a non-nursing baccalaureate degree and are pursuing a masters in nursing as entry into the profession. Nursing programs must be NLNAC or CCNE accredited. The amount of the award will be $1000. At this time we anticipate awarding one scholarships for 2013.

Enclosed is information along with the application for the scholarship. These may be duplicated or more copies may be obtained from the Scholarship Committee Chairperson. Applications must be returned by March 28, 2013. Only completed applications and forms will be considered. Announcement of the selection will be made by April 12, 2013. Any questions can be directed to Carlos A. Torres at carlos@nnca.org or 757-490-5738.

Send applications to:

SMANNCA Scholarship Committee
c/o Carlos A. Torres, Chairperson
5713 Rossburn Court
Virginia Beach, VA 23455

Sincerely,

Carlos A. Torres, RN, MSN, PAHN
Captain, Nurse Corps, US Navy-Retired
SMANNCA Scholarship Committee Chair

Enclosures:
(1) Guidelines
(2) Application
(3) Reference Forms
(4) Financial Assistance Questionnaire
SOUTHERN MID-ATLANTIC NAVY NURSE CORPS ASSOCIATION
GUIDELINES

Scholarship—A scholarship is being offered to undergraduate nursing student to continue their studies for a baccalaureate degree in nursing or for students who have a non-nursing baccalaureate degree and are pursuing a master in nursing as entry level into the profession. Recipients of scholarships will be selected by the Southern Mid-Atlantic Navy Nurse Corps Association (SMANNCA) Scholarship Committee.

Applicants:
1. Must be accepted by an accredited nursing program
2. Must be a Nursing Major
3. May be a full or part time student
4. Must have a current grade point average of at least 3.0 on a 4.0 scale
5. Must give evidence of successful completion of at least one clinical nursing course

Application—Applicants must submit a completed application form. Any additional data and/or comments that support the application are strongly encouraged. Only completed applications (including references and transcripts) will be accepted. Incomplete materials will not be considered.

Applicants for scholarships for the Baccalaureate Degree must submit:
1. Completed application form
2. Official transcript from current program
3. Two professional nursing references (mailed directly to below address). One must be from a faculty member.
4. A personal statement of 500 words or less giving reasons you are qualified for the scholarship as well as how the scholarship will benefit you. Please include career goals and potential for contribution to the profession.
5. A completed Financial Assistance Questionnaire

Application deadline is March 28, 2013. Only applications received on or before the deadline will be accepted. Return completed application and all related documents in one mailing to:

Southern Mid-Atlantic NNCA
Scholarship Committee
c/o Carlos Torres
5713 Rosserburn Court
Virginia Beach, VA 23455
SOUTHERN MID-ATLANTIC NAVY NURSE CORPS ASSOCIATION
SCHOLARSHIP APPLICATION FOR DEGREE IN NURSING

(Please type or print clearly)

***DUE NLT March 28, 2013***

Applicants Full Name: _____________________________________________

Home Address: Last __________ First __________ MI __________ (Maiden Name) __________

Street __________ City __________ State __________ Zip __________

Mailing Address: _______________________________________________

Street __________ City __________ State __________ Zip __________

Phone (___) __________

Education:
Current School: __________________________ Date(s) of Attendance: __________________________
GPA (using 4.0 scale): __________________________ Anticipated date of graduation: __________________________
Other Post High Schools Attended: __________________________ (include # credits and degree)

______________________________________________________________

Official transcripts and proof of enrollment must be sent to:
SMANNCA Scholarship Committee
C/o Carlos A. Torres, Chairperson
5713 Rossebourn Court
Virginia Beach, VA 23455

Employment Record: List in chronological order with present employment first.
Place __________________________ Dates __________________________ Position __________________________ Part/Full Time __________________________
______________________________________________________________

Use reverse side if necessary.

Community Involvement/Family Responsibilities:
Activity __________________________ Place __________________________ Position __________________________ Hrs. Per Month __________________________ Dates __________________________
______________________________________________________________

Use reverse side if necessary.

Military/Civil Service Affiliation: (if any) __________________________ # Years __________________________
Honors/Awards/Recognitions: (high school to present)
Honor __________________________ Date __________________________
______________________________________________________________

Use reverse side if necessary.

Submit two typewritten professional references attesting to competency in nursing. (Please see attached form.)
I verify that all statements made in this application are complete and accurate.

_________________________________________ Date __________________________
SOUTHERN MID-ATLANTIC NAVY NURSE CORPS ASSOCIATION
SCHOLARSHIP REFERENCE FORM

Submit 2 professional nursing references using the form below. **One must be from a faculty member in nursing.** Please print or type. Return this form no later than 28 March 2013. Late submissions will not be considered.

Candidate:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
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Address:

<table>
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<tr>
<th>Street</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

Name of Person Writing Reference:

School/Institution/Business:

Position:

Phone Number:

Address:

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<th>Street</th>
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</table>

How long have you known applicant? ____________________________

In what capacity? ____________________________

Please address the following on a scale of 1-3 (3 being the best rating):

<table>
<thead>
<tr>
<th>Attitude</th>
<th>N/A</th>
<th>Good</th>
<th>Better</th>
<th>Best</th>
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</thead>
<tbody>
<tr>
<td>Character (Honesty/Integrity)</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>Competency/Performance</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>1. Clinical Application</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>2. Theory</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>Professionalism</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>Leadership</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>Management</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
<tr>
<td>Self-direction</td>
<td>N/A</td>
<td>Good</td>
<td>Better</td>
<td>Best</td>
</tr>
</tbody>
</table>

Please attach a typewritten narrative describing the candidate in light of your rating.

Signature ____________________________ Date ____________________________

Note: Please send this reference to: SMANNCA Scholarship Committee
c/o Carlos A. Torres
5713 Rossburn Court
Virginia Beach, VA 23455
SOUTHERN MID-ATLANTIC NAVY NURSE CORPS ASSOCIATION
FINANCIAL ASSISTANCE QUESTIONNAIRE

Since the need for scholarship funds is a component of the factors considered in awarding scholarships, the following information is required. This page of the application, when completed, is made available only to the Scholarship Committee of the Southern Mid-Atlantic Navy Nurse Corps Association. The information will be held in strict confidence.

Applicant's Name: ____________________________________________

Address:

Street

City State Zip

Are you relying on your parent's financial support for education expenses? __________
How many other students in your family will be relying on you or your parents for financial support for education expenses this year?

Number of Dependents (those financially dependent upon you): _______________________
Relationship(s): ________________________________________________________________

Estimated costs for the 2013 academic year:

Tuition and fees: $ _______________________
Books and supplies: $ _______________________
Room and board: $ _______________________
Travel/commuting: $ _______________________
Personal Expense: $ _______________________

Total: $ _______________________

Source of funding to meet these expenses:

Expected contributions from family members: $ _______________________
Expected contributions from your earnings: $ _______________________
Expected contributions from your savings: $ _______________________
Awards, scholarships, grants received: $ _______________________
Other sources of funding (please identify): $ _______________________

Total $ ______________________