HIGH SCHOOL LEVEL SCHOLARSHIP APPLICATION

Purpose Statement:
This scholarship is to support the educational goal of becoming a Registered Nurse. It is awarded to a high school senior who is currently attending school or has a permanent address in Pierce, Thurston, Mason, Kitsap, Grays Harbor, Jefferson or Clallam Counties and is planning a career as a Registered Nurse. Students are eligible to receive a PCNA scholarship award once every other year.

Application Deadline & Scholarship Award:
Application must be postmarked by March 31, 2020. We do not accept electronic submissions.
Mail applications to: Pierce County Nurses Association
Scholarship Committee
223 Tacoma Avenue South
Tacoma, WA 98402

Required Materials:
- Completed PCNA scholarship application form.
- Two letters of recommendation. Must use the form available at www.piercecountynurses.com. One should be from someone who knows you at school, i.e., a school counselor or a teacher. The other should be a personal recommendation, from someone who knows your character, i.e., a pastor, co-worker, or a work supervisor.
- Documentation of your grade point average (an unofficial transcript is acceptable.)
- Essay, not more than two pages long, covering the following areas:
  A) Personal Statement — Describe special or unusual life experiences or activities that have made an impact on your decision to pursue a career in nursing. Describe hardships you’ve encountered. Tell us how your personal story will help you serve your community as a nurse. Share with us the story of why you want to be a Nurse.
  B) Work/Volunteer Experience — Describe your work/volunteer experience in school, work, or community activities, include any healthcare related certifications such as CNA and participation in healthcare related activities such as Nurse Camp or Medical Explorers. Tell us how you give back to your community. For work and volunteering not healthcare related, please describe how those experiences may relate to your work as a nurse.
  C) Goals for Nursing. Please outline your education and career goals and projected time to complete those goals. Also include any projected barriers to meeting your goals and how you plan to overcome those barriers.

If awarded a scholarship, attendance at the PCNA Spring Banquet on Friday, May 8th in Tacoma, WA is requested. Dinner for yourself and two guests will be provided by PCNA. Tickets for additional guests are available to purchase. If awarded a scholarship, please be prepared to provide a photo of yourself for publication online and in our Fall newsletter. We also encourage scholarship recipients to volunteer with PCNA.
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Applicant Information:

Name:_______________________________________________________________________________

Address:_______________________________________________________________________________

Phone:_________________________________________________________________________________

Email:_________________________________________________________________________________

In the event of a scholarship award, I agree to allow PCNA to reprint in print & online my name, biographic information and photographic image: Yes    No (circle one)

Eligibility Check List (Check all that apply):

□ Currently attending school or has a permanent address in Pierce, Thurston, Mason, Grays Harbor, Kitsap, Jefferson or Clallam Counties

□ Minimum of a 2.5 cumulative GPA (include an unofficial transcript)

□ High school senior who is planning a career as a Registered Nurse

□ Did not receive a PCNA scholarship in 2019

Scholarships will be awarded on the basis of academic performance, experience within healthcare environments, passion for a career in nursing, community involvement and career goals. It is the responsibility of the applicant to make certain a complete application, including completed letters of recommendation on PCNA forms, is postmarked by March 31, 2020. Incomplete applications or applications postmarked after March 31, 2020 will not be considered. If awarded a scholarship, funds will be mailed directly to the program. Please verify your program’s mailing address and the contact person.

Academic Standing:

School you are currently attending: __________________________________________________________________________

GPA: ___________________ College or University that you plan to attend:___________________________________________________________________________

Have you been accepted? __________________ Anticipated start date: ________________________________

Do you have a current or past PCNA member in your family? Yes    No (circle one) Name of Family Member __________________________

*To receive the award, applicant must be accepted to or enrolled in a 2 year or 4 year accredited college or university.

If awarded, I designate this scholarship to be sent to the following college or university:

Name and Address of College/University (to which scholarship funds will be mailed): __________________________

Contact Person & Phone Number: _______________________________________________________________________

__________________________________________

Student ID # ____________________________