



# PIERCE COUNTY NURSES ASSOCIATION

SUPPORT + ENCOURAGE + EMPOWER + ENGAGE

## 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 is currently attending school or has a permanent address in Thurston, Grays Harbor, Mason, Kitsap, Jefferson or Clallam County **and** is planning a career as a Registered Nurse.

### Application Deadline & Scholarship Award:

Application must be postmarked by **March 31st**. 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. 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. Share with us the story of why you want to be a Nurse.
  - B) Work Experience & Leadership—Describe your work experience and leadership roles in school, work, or community activities, including offices and positions held in the past and in the present.
  - C) 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.
  - D) Volunteer Experience—Describe your current past volunteer experience include participation in healthcare related activities such as Nurse Camp or Medical Explorers. Tell us how you give back to your community.
  - E) Goals for Nursing
    - 1) Long term goals for your nursing career
    - 2) Short term goals for your nursing career
    - 3) Education goals
    - 4) Plans for volunteer service to your community

If awarded a scholarship, attendance at the PCNA Spring Banquet on Friday, May 10th in Tacoma, WA is requested. Dinner for yourself and two guests will be provided by PCNA. If awarded a scholarship, please be prepared to provide a photo of yourself for publication in our Fall newsletter.

223 Tacoma Avenue South

Tacoma, WA 98402

253.572.7337

[office@piercecounrynurses.com](mailto:office@piercecounrynurses.com) | [www.piercecounrynurses.com](http://www.piercecounrynurses.com)





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## HIGH SCHOOL LEVEL SCHOLARSHIP APPLICATION

### Applicant Information:

Name: \_\_\_\_\_

(For office use only)

Date received at PCNA Office: \_\_\_\_\_

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 in or permanent address in Thurston, Grays Harbor, Mason, Kitsap, Jefferson or Clallam County
- Minimum of a 2.5 GPA
- High school senior who is planning a career as a Registered Nurse

Scholarships will be awarded on the basis of academic performance, school and community involvement and career goals. It is the responsibility of the applicant to make certain a complete application, including completed letters of recommendation, is post-marked by March 31, 2019. **Incomplete applications 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: \_\_\_\_\_

Current GPA: \_\_\_\_\_ College or University that you plan to attend: \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Anticipated start date: \_\_\_\_\_

**\*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 # \_\_\_\_\_

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