



NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA

To: Directors of Nursing
Deans and/or Chairpersons of Nursing Program

From: Navy Nurse Corps Association of Southern California Scholarship Committee

The Navy Nurse Corps Association of Southern California Scholarship Committee has established a fund to award scholarships to deserving nursing students and Registered Nurses to continue their studies for a baccalaureate degree in nursing. The amount of each award will be up to \$3000. Currently, we anticipate the awarding of two to three scholarships for the Fall 2025 semester.

Enclosed are the guidelines for applying along with the forms to be completed for the scholarship application. These may be duplicated for distribution or electronic copies may be obtained by emailing me at nncascholarship@gmail.com. Applications (including transcripts and references) must be returned by **April 04, 2025**. Only completed applications and forms will be considered. The announcement of the selections will be made in early to mid-June.

Applications are to be sent to:

NNCASC Scholarship Committee
c/o Bobbi Crann, Chairperson
1463 La Loma Dr.
San Marcos, CA 92078
Email: nncascholarship@gmail.com

Thank you for distributing this information to your BSN nursing students.

Sincerely,

Bobbi Crann, CDR, NC, USN (Ret)
NNCASC Scholarship Committee Chair

Enclosures:

- (1) Information Sheet
- (2) Application
- (3) Reference Form
- (4) Financial Assistance Questionnaire



NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA *SCHOLARSHIP PROGRAM INFORMATION SHEET*

Scholarship: - Scholarships are offered to undergraduate nursing students and registered nurses to continue their studies for a baccalaureate degree in nursing. The amount of each award and the number of scholarships awarded varies based on the donations made by members and the return on investments made in our scholarship account. Historically, the amount has generally been \$1000-\$2000. The Navy Nurse Corps Association of Southern California (NNCASC) Scholarship Committee selects the recipients of scholarships.

Applicant Qualifications:

- Must be accepted by an accredited BSN program in Southern California
- Must be a Nursing Major
- May be a full or part time student, but not graduating in Spring 2025
- Must have a current grade point average of at least 3.0
- Must give evidence of successful completion of at least one clinical nursing course
- Military affiliation is NOT a requirement, scholarship is open to all BSN students

Application forms:

- Completed application form
- Original transcript from current program – **in sealed envelope sent directly to scholarship committee chair or via Parchment.**
- Two professional nursing references (**mailed directly to scholarship chair**). One reference must be from a School of Nursing faculty member.
- A personal statement of 500 words or less, giving reasons why 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.
- A completed Financial Assistance Questionnaire

Timeline:

- January – Information packets with application forms sent to each BSN School of Nursing listed on the Board of Registered Nurses website.
- Early Apr – Complete application packets are due, including transcripts and references.
- June – Scholarship committee meets and makes selections. Applicants will be notified of the results via email.

Application deadline is April 04, 2025. Only applications post marked on or before the deadline will be accepted. Submit the completed application, personal statement, and financial assistance questionnaire in one mailing to the address below. References and transcripts are to be sent **directly** to the address below by source.

For further info, contact Bobbi Crann, Scholarship Chair, at nncascholarship@gmail.com

Applications are to be sent to: NNCASC Scholarship Committee
c/o Bobbi Crann, Chair
1463 La Loma Dr.
San Marcos, CA 92078

**NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP APPLICATION FOR BACCALAUREATE DEGREE IN NURSING**

(Please type or print clearly)

Applicant's Full Name: _____
Last First MI (Maiden Name)

Mailing Address: _____
Street City State Zip

Cell Phone: (____) _____ Email: _____

Education:

Current School: _____ Date(s) of Attendance: _____

GPA (using a 4.0 scale): _____ Anticipated date of graduation: (Mon/Yr) _____
Those graduating in Spring 2025 are not eligible.

Other Post High Schools Attended: (include # credits and degree): _____

Official transcripts and proof of enrollment must be sent directly to: NNCASC Scholarship Committee
c/o Bobbi Crann
1463 La Loma Dr
San Marcos, CA 92078
NLT Apr 04, 2025

Employment Record: List in chronological order with present employment first.

<u>Place</u>	<u>Dates</u>	<u>Position</u>	<u>Part/Full Time</u>

Use the reverse side if necessary.

Community Involvement/Family Responsibilities:

<u>Activity</u>	<u>Place</u>	<u>Position</u>	<u>Hrs. per month</u>	<u>Dates</u>

Use the reverse side if necessary.

Honors/Awards/Recognitions: (high school to present)

<u>Honor</u>	<u>Date</u>

Use the reverse side/additional sheet if necessary.

Military/Civil Service Affiliation: (if any-include relation to you) _____ # Years _____
(Active Duty, Reserve duty, Veteran, Family member, Civil Service employee, etc.)

Submit two professional Nursing references using accompanying form. References are to include a typewritten narrative attesting to applicant's competency in nursing. Reference is to be sent by person writing reference directly to address above.

I verify that all statements made in this application are complete and accurate.

Signature _____ Date _____

**NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP REFERENCE FORM**

Submit two professional nursing references using the form below.

One reference must be from a faculty member in Nursing.

References are to be sent directly to the Committee Chair, not given to the student

Please Print or type:

Candidate: _____
Last Name
First Name
MI

Name of Person Writing Reference: _____

School/Institution/Business: _____

Position: _____ Phone number: _____

Address: _____

Street

City

State

Zip

Email Address: _____

How long have you known the applicant? _____

In what capacity? _____

Please address the following on a scale of 1-5 (5 being the best rating):

Attitude	N/A	1	2	3	4	5
Character (Honesty/Integrity)	N/A	1	2	3	4	5
Competency/Performance	N/A	1	2	3	4	5
1. Clinical application	N/A	1	2	3	4	5
2. Theory	N/A	1	2	3	4	5
Professionalism	N/A	1	2	3	4	5
Leadership	N/A	1	2	3	4	5
Self-direction	N/A	1	2	3	4	5

Please attach a short-typewritten narrative describing the candidate considering your rating.

Note: The reference and narrative can be scanned and emailed also. See contact information below.

Signature _____

Date _____

Note: Please send this reference to: NNCASC Scholarship Committee

c/o Bobbi Crann

1463 La Loma Dr.

San Marcos, CA 92078

Email: nncascholarship@gmail.com

no later than April 04, 2025

NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA
FINANCIAL ASSISTANCE QUESTIONNAIRE

Since the need for scholarship funds is one 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 Navy Nurse Corps Association of Southern California. The information will be held in strict confidence. Completed form must be returned with the application by **April 04, 2025**.

Applicant's Name: _____

Address: _____
Street

_____ City State Zip

Are you applying for FAFSA for the 2025-2026 academic year? _____

Did you qualify for federal aid for the 2024-2025 academic year? _____

Number of Dependents (those financially dependent upon you): _____

Relationship(s): _____

Estimated costs for the coming year (2025/2026 academic year):

Tuition and fees:	\$ _____
Books and supplies:	\$ _____
Room and board:	\$ _____
Travel/commuting:	\$ _____
Personal expenses:	\$ _____
Total:	\$ _____

Sources 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:	\$ _____
Awards, scholarships, grants pending approval:	\$ _____
Student loans for 2024/2025 academic year:	\$ _____
Other sources of funding (please identify):	\$ _____

Total:	\$ _____

Note: Totals for estimated costs and sources of funding should match.