



LATTE STONE NURSES ASSOCIATION
 FARENHOLT AVENUE
 BUILDING 50
 AGANA HEIGHTS, GU 96910



SCHOLARSHIP APPLICATION FOR DEGREE IN NURSING

(Please type or print clearly)

Applicant's Full Name: _____

Last

First

MI

(Maiden Name)

Mailing Address: _____

Street

City

State

Zip

Phone: (____) _____

Email Address _____

Education:

Current School: _____

Date(s) of Attendance: _____

GPA (using a 4.0 scale): _____

Anticipated date of graduation: _____

Other Schools Attended Post-High School: _____

(include # credits and degree) _____

Transcripts and proof of enrollment must be sent to the LSNA Scholarship Committee using the below address **NLT December 13th, 2024**. Unofficial transcripts are permitted.

LT Raul Cardona
 US Naval Hospital Guam ICU
 PSC 455 Box 208
 FPO, AP 96540

Or e-mail electronically to: raul.e.cardona.mil@health.mil

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

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



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Use 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 reverse side if necessary.

Military/Civil Service Affiliation: (if any) _____ **# Years**

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

<u>Honor</u>	<u>Date</u>
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Use reverse side if necessary

Submit two professional references. (May use attached form.)

Note: Those who are MECF or ROTC program students may submit references from their MECF or ROTC program application in lieu of a faculty reference



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Submit a personal statement of 750 words or less. Please tell the scholarship committee why you should be selected. This is your opportunity to tell us who you are and why completing a nursing degree is important to you. You may like to include career goals and potential for contribution to the nursing profession.

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

Signature

Date



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LATTE STONE NURSES' ASSOCIATION SCHOLARSHIP REFERENCE FORM

Submit **2** professional references. The form below may be utilized by your references in lieu of a letter. One reference should be from a faculty member in your nursing program.

Note: Those who are MECP or ROTC program students may submit references from their MECP or ROTC program application in lieu of a faculty reference. Please Print or type. **Return this form no later than December 13th, 2024.**

Candidate: _____

Last Name	First Name	MI
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Address: _____

Street	City	State	Zip
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Name of Person Writing Reference: _____

School/Institution/Business: _____

Position: _____ Phone number: _____

Address: _____

Street	City	State	Zip
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How long have you known applicant? _____

In what capacity? _____

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

	1	2	3
Attitude	N/A	Good	Better Best



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Character (Honesty/Integrity)	N/A	Good	Better	Best
Competency/Performance	N/A	Good	Better	Best
1. Clinical application	N/A	Good	Better	Best
2. Theory	N/A	Good	Better	Best
Professionalism	N/A	Good	Better	Best
Leadership	N/A	Good	Better	Best
Management	N/A	Good	Better	Best
Self-direction	N/A	Good	Better	Best

If needed, please attach a typewritten narrative describing the candidate in light of your rating.

Signature

Date

Note: Please send this reference to:

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PSC 455 Box 208
FPO, AP 96540

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