

## SCHOLARSHIP APPLICATION FOR DEGREE IN NURSING

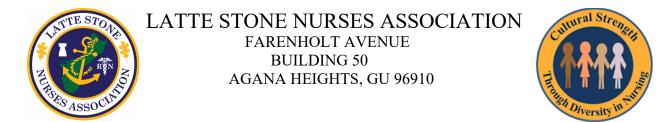
(Please type or print clearly)

Applicant's Full Name:				
	Last	First	МІ	(Maiden Name)
Mailing Address:				
	Street	City	State	Zip
Phone: ()				
Email Address				_
Education:				
Current School:				
Date(s) of Attendance:	·			
GPA (using a 4.0 scale	e):			
Anticipated date of gra	duation:			
Other Schools Attende	ed Post-High Scho	ol:		
(include # credits and o	degree)			
Transcripts and proof o December 13th, 2024 LT Raul Cardona US Naval Hospital Gua PSC 455 Box 208	. Unofficial transc		Scholarship Committee u	sing the below address <b>NLT</b>
FPO, AP 96540				
Or e-mail electronically	/ to:	raul.e.cardona.n	nil@health.mil	
Employment Record:	List in chronolog	ical order with preser	nt employment first.	
<u>Place</u> Part/Full Time		<u>Dates</u>	<u>Pc</u>	<u>osition</u>

LASSOCIATION L	ATTE STONE NUF FARENHOL BUILDIN AGANA HEIG	T AVENUE	ATION
Use reverse side if nece	ssary.		
Community Involveme	nt/Family Responsibilities:		
Activity Dates	Place	Position	Hrs. per month
Use reverse side if nece	ssary.		
Military/Civil Service A	ffiliation: (if any)		# Years
Honors/Awards/Recog	nitions (high school to present):		
Honor			Date
Use reverse side if nece	ssary		

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

<u>Note</u>: Those who are MECP or ROTC program students may submit references from their MECP or ROTC program application in lieu of a faculty reference

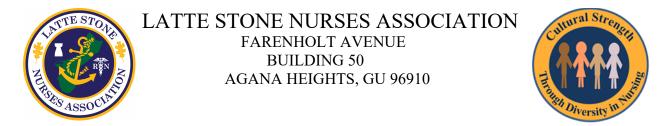


**Submit a personal statement of 750 words or less.** Please tell the scholarship committee why you should be selected. This is your opportunity to tell us who you are and why completing a nursing degree is important to you. You may like to include career goals and potential for contribution to the nursing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

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

Signature

Date



## 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.

<u>Note</u>: 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
Address:					
	Street	City		State	Zip
Name of Per	son Writing Refere	nce:			
School/Institu	ution/Business:				
Position:	Phone number:				
Address:					
	Street	City	State	Zip	
How long have you known applicant?					
In what capa	city?				

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

		1	2	3
Attitude	N/A	Good	Better	Best



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



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

Note: Please send this reference to:

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

Date