West Coast University Nursing Partner Scholarship



West Coast University is offering a full tuition scholarship to a selected associate for the online RN to BSN program. PLEASE PRINT LEGIBLY OR TYPE

Applicant Name				
Contact Information				
Address				
City			State Zip	
Phone Numbers (Home)	(Cell)	(Work)		
Email				
Honors/Awards Received				
Tioners, / twards reserved				
Professional Association Affiliation	n			
Community/Volunteer Activities				
Career Goals				

West Coast University Nursing Partner Scholarship

Application

PLEASE PRINT LEGIBLY OR TYPE Employment Verification			
Hospital's Name			
Current Position			Date of Hire
Current Supervisor (Name and Title)			
Supervisor's Phone Number	Su	pervisor's Email	
Along with this completed application, please	submit	the following electronically:	
 Scholarship essay Unofficial transcripts 			
3. Two letters of recommendation: one from o	current o	or past supervisor and one fron	n a colleague.
I certify that the information provided in this applicati	ion is twee	a to the best of my knowledge	
refully that the information provided in this applicati	ion is true	e to the best of my knowledge.	
X			
Applicant Signature		Date	
Regardless of whether I am awarded the WCU Nurs University representative at the number(s) provided wi grants available to qualified applicants.	sing Partr ith inform	ner Scholarship, I consent to be con nation for educational opportunities	stacted by a s; including tuition

Please submit this application to your scholarship contact at your hospital by the deadline date.

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Essay

In 350 words or less, please describe how higher education will impact you and influence your nursing practice in the future.

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