



RAINIER OLYMPIC NURSES ASSOCIATION

ENGAGE + ENCOURAGE + EMPOWER + SUPPORT

FLORENCE GOLDA SCHOLARSHIP APPLICATION

Purpose Statement:

This scholarship is to support the professional and educational goals of PCNA/RONA members. It is awarded to a PCNA/R.O.N.A. member in good standing who is enrolled in or has been accepted into an accredited program to advance his/her nursing education. Students are eligible to receive a PCNA/R.O.N.A. scholarship award once every other year.

Application Deadline & Scholarship Award:

Application must be postmarked by **March 31, 2021**. We do not accept electronic submissions. The total number of awards which the same individual may receive is limited to two.

Mail applications to: **Rainier Olympic Nurses Association
Scholarship Committee
223 Tacoma Avenue South
Tacoma, WA 98402**

Required Materials:

- Completed Rainier Olympic Nurses Assn scholarship application form.
- Two recommendations. Must use the form available at www.RainierOlympicNurses.org. One should be from someone who has supervised you at school or work, such as a clinical instructor who knows you well or a supervisor from your job. The other should be a personal recommendation, from someone who knows your character such as a pastor or co-worker.
- Documentation of employment in healthcare fields (can be in resume form)
- Essay covering the following areas:
 - A) Background & Experiences—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 became a nurse.
 - B) Work/Volunteer Experience/Committees—Describe your past work experience (both paid and volunteer). Tell us how you give back to your community.
 - C) Leadership—Describe your leadership at work, school and volunteer activities, including offices and positions of leadership held in the past and in the present.
 - D) Role in R.O.N.A./WSNA/ANA —Describe your involvement in R.O.N.A./WSNA/ANA.
 - E) 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.
 - F) Goals for Nursing. Please outline your education and career goals and projected time to complete those goals. Also include any projected barriers to meeting your goals and how you plan to overcome those barriers.
 - 1) Education Goals
 - 2) Short term & Long term goals for your nursing career
 - 3) Patient populations or specialties.
 - 4) Plans for volunteer service to your community.

If awarded a scholarship, attendance at our Nurses Week Virtual Event on Friday, May 7, 2021 is requested and please be prepared to provide a photo of yourself for publication online and in our Fall newsletter. We also encourage recipients to volunteer with Rainier Olympic Nurses Association.



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Applicant Information:

Name: _____

(For office use only)

Date received at R.O.N.A. Office: _____

Address: _____

Phone: _____

Email: _____

In the event of a scholarship award, I agree to allow Rainier Olympic Nurses Association to reprint in print & online my name, biographic information and photographic image: Yes No **(circle one)**

Eligibility Check List (Check all that apply):

If awarded a scholarship, funds will be mailed directly to the program. Please verify your program's mailing address and the contact person.

- Current Membership in Rainier Olympic Nurses Assn/WSNA/ANA
- Is a licensed registered nurse in Washington state
- Accepted to or currently enrolled in an accredited Baccalaureate, Masters, or Doctoral nursing program.
- Did not receive a PCNA/R.O.N.A. scholarship in 2020

Scholarships will be awarded on the basis of academic performance, years of service as a nurse, 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 submitted by March 31, 2021. ***Incomplete applications will not be considered.***

Academic Standing:

College or University that you plan to attend: _____

Have you been accepted? _____ Anticipated start date: _____

If awarded, I designate this scholarship to be sent to the following college or university (please include student ID number, if available):

Name and Address of College/University (to which scholarship funds will be mailed):

Contact Person & Phone Number:

Student ID # _____