



HIGH SCHOOL LEVEL SCHOLARSHIP APPLICATION

Purpose Statement:

This scholarship is to support the educational goal of becoming a Registered Nurse. It is awarded to a high school senior who is currently attending school or has a permanent address in Pierce, Thurston, Mason, Kitsap, Grays Harbor, Jefferson or Clallam Counties **and** is planning a career as a Registered Nurse. Students are eligible to receive a Rainier Olympic Nurses Association scholarship award once every other year.

Application Deadline & Scholarship Award: February 28, 2026

Application must be postmarked by **February 28, 2026** or emailed by midnight to scholarships@rainierolympicnurses.org.

Mail applications to: **Rainier Olympic Nurses Association
Scholarship Committee
4115 Bridgeport Way W Suite F
University Place, WA 98466**

Required Materials:

- Completed Rainier Olympic Nurses Assn scholarship application form.
- Two recommendations. **Must use the online form available at www.RainierOlympicNurses.org.** *The first one should be completed by someone who knows you at school such as a school counselor or a teacher. The second should be a recommendation from someone who knows your character such as a pastor, family friend, youth group leader, or a volunteer/work supervisor but **not** a family member.*
- Documentation of your cumulative grade point average (**an unofficial transcript is acceptable.**)
- Essay, **not more than two pages long**, covering the following areas:
 - A) Personal Statement —Share with us the story of why you want to be a Nurse. Tell us how your personal story will help you serve our community as a nurse. Describe special or unusual life experiences or activities that have made an impact on your decision to pursue a career in nursing. Describe hardships you've encountered.
 - B) Work/Volunteer Experience —Describe your work/volunteer experience in school, work, or community activities, include any healthcare related certifications such as CNA **and** participation in healthcare related activities such as Nurse Camp/MASH, HOSA or Medical Explorers.
 - Tell us how you give back to your community.
 - For work and volunteering not healthcare related, please describe how those experiences may relate to your work as a nurse.
 - C) Goals for Nursing. Please outline your education and career goals and projected time to complete those goals.
 - 1) Education goals
 - 2) Short term & Long term goals for your nursing career
 - 3) Nurses serve diverse populations in a broad spectrum of environments.
 - Please include what areas (both specialties and geographic) and/or populations you hope to work with.
 - 4) Describe projected barriers/issues/challenges/obstacles to meeting your goals and how you plan to overcome them.

If awarded a scholarship, attendance at our Nurses Month Event on Saturday, May 16, 2026 is strongly desired . If awarded a scholarship, 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.



(For office use only)
Date received at RONA Office:

HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION

Applicant Information:

Name: _____ Gender/Pronouns _____
(Not required—for Information use only)

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 **(check one)**

Eligibility Check List (Check all that apply):

- Currently attending school or has a permanent address in Pierce, Thurston, Mason, Grays Harbor, Kitsap, Jefferson or Clallam Counties. Specify County: _____
- Minimum of a 2.5 cumulative GPA **(include an unofficial transcript)**
- High school senior who is planning a career as a Registered Nurse
- Did not receive a R.O.N.A. scholarship in 2025

Scholarships will be awarded on the basis of academic performance, experience within healthcare environments, passion for a career in nursing, community involvement and career goals. It is the responsibility of the applicant to make certain a complete application, including completed recommendations on RONA forms, is postmarked/submitted by February 28, 2026.

Incomplete applications or applications postmarked/submitted after February 28, 2026 will not be considered.

School you are currently attending: _____

Cumulative GPA: _____ College/University that you plan to attend: _____

Have you been accepted? _____ Anticipated start date: _____

Do you have a current or past PCNA/RONA member in your family? Yes No Name of Family Member _____

Race/Ethnicity: (Not required—for Information use only) _____ First Generation Student? Yes No

Names of individuals completing recommendation forms for you: _____

(We'll use this to help track forms that arrive separately. It is your responsibility to ensure recommendations on the correct form are submitted before the deadline)

Do you hold any of the following certifications (check all that apply): CNA Medical Assistant Home Care Aid EMT

Have you taken any of the following courses (check all that apply): AP College in the classroom Running Start courses

If awarded a scholarship, **funds will be mailed directly to the program for the 2026/27 school year.** Please verify your program's mailing address and the contact person. If awarded, I designate this scholarship to be sent to the following college or university:

Name and Address of College/University (to which scholarship funds will be mailed): _____ Contact Person & Phone Number: _____

_____ Student ID # _____

***To receive the award, applicant must be accepted to or enrolled in a 2 year or 4 year accredited college or university. Funds will be sent directly to the school.**