



The Bernice L. Vance Scholarship Fund 2008 Application Deadline: Friday, July 1st, 2008

History

The Bernice L. Vance Scholarship is named for the late Bernice L. Vance, the late former school nurse, public health practitioner at the Clarksburg-Harrison Health Department and owner/president of the West Virginia Carbon Company. This is a grant scholarship, not a loan. It does not require payback of any kind.

Eligibility

Eligible applicant must:

- be a native West Virginian;
- accept employment as a nurse in West Virginia for one year after passing boards;
- be enrolled in an accredited nursing program (full- or part-time); and make satisfactory progress
- include two character references and
- be a member of WVSNA or WVNA.

APPLICATION CHECKLIST: Prior to returning application please assure all items have been completed and included in the packet.

- Applicant Statement (Page 2)
- Verification of WVSNA or WVNA Membership
- Student Self Evaluation (Page 3)
- Transcript
- Financial Aid Statement (Page 4)
- Faculty Adviser Evaluation and Statement (Page 5)
- Clinical Faculty Evaluation and Statement (Page 6)
- Two Personal Reference Statements (Pages 7 and 8)
- Submission to Director of Nursing Program
- Post marked on or before **July 1st, 2008**

Incomplete or late applications will not be considered.

Completed applications with all required materials should be submitted to the director of the nursing program or the designated person in the school for forwarding to: Scholarship Chairperson, WVNA Scholarship Board of Trustees, PO Box 1946, Charleston, WV 25327. or fax your materials to 304.414.3369.



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APPLICANT STATEMENT
TO BE COMPLETED BY APPLICANT

Please submit completed application to the Director of Nursing at your school, who will forward it to the Scholarship Board of WVNA.

Name _____ SS# _____

Permanent Home Address _____

Address at School _____

Home Phone _____ School Phone _____

School of Nursing _____

Rank, as of Upcoming Fall Semester (circle two)
Senior Junior Full-Time Part-Time

Cumulative Grade Point Average on All College Work Attempted _____

Total Credit Hours Earned to Date _____ Expected Graduation Date _____

WVSNA or WVNA Membership Card Number: _____
(Attach a copy of membership card) _____

How long have you been a WVSNA or WVNA member? _____

List offices held: _____

Describe other Professional Organizations or Community Service Participation:

Check one:

I have previously received a Vance Scholarship in the amount of \$ _____
for the academic year _____.

I have not previously received a Vance Scholarship.

By my signature below, I hereby certify that I meet the eligibility requirements for the Bernice L. Vance Scholarship and that if I am awarded a scholarship that I agree to the terms of acceptance of the scholarship. I further certify that all information that I have submitted on this application is true and correct.

Signature of Applicant

Date



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STUDENT SELF EVALUATION
TO BE COMPLETED BY THE STUDENT

Name _____

Address _____

School of Nursing _____

Evaluation and Qualifying Statements:

Rate yourself on the scale below (1 = Very High, 7 = Very Low) on each of the following characteristics. Give an example to support your rating on the characteristics of leadership and communication ability.

Dependability 1 2 3 4 5 6 7

Responsibility 1 2 3 4 5 6 7

Assertiveness 1 2 3 4 5 6 7

Potential for
Professional Growth 1 2 3 4 5 6 7

Leadership Qualities 1 2 3 4 5 6 7

Examples: _____

Communication 1 2 3 4 5 6 7

Examples: _____

State involvement in professional organizations, career goals, why financial aid is needed, and any relevant comments.

Signature

Note to Applicant: Please return this statement to the Director of Nursing, who will forward this form with your application to WVNA.



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FINANCIAL AID STATEMENT

TO BE COMPLETED BY FINANCIAL AID ADVISOR:

Total cost of attendance per SEMESTER or YEAR _____
(circle one) of tuition, fees, books, etc.

Amount Contributed by STUDENT, PARENT, or SPOUSE _____
(circle those contributing)

Projected Need: _____

Comments:

Financial Aid Officer (print name and title)

Signature

Date



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FACULTY ADVISOR EVALUATION AND STATEMENT
TO BE COMPLETED BY THE FACULTY ADVISOR

Student's Name _____ SSN _____

Address _____

School of Nursing _____

Evaluation and Qualifying Statements:

Rate STUDENT on the scale below (1 = Very High, 7 = Very Low) on each of the following characteristics. Give an example to support your rating on the characteristics of leadership and communication ability.

Dependability 1 2 3 4 5 6 7

Responsibility 1 2 3 4 5 6 7

Assertiveness 1 2 3 4 5 6 7

Potential for Professional Growth 1 2 3 4 5 6 7

Leadership Qualities 1 2 3 4 5 6 7

Examples: _____

Communication 1 2 3 4 5 6 7

Examples: _____

State involvement in professional organizations, career goals, why financial aid is needed, and any relevant comments. _____

do verify that this student will be a Junior / Senior (circle correct term) in (academic year) _____ and is currently a student in good standing at this institution. I support this student's application for a Vance Scholarship from WVNA because:

Faculty Advisor Signature Title Date
Note to Faculty Advisor: Please return this statement to the Director of Nursing, who will forward this form with application to WVNA.



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CLINICAL FACULTY EVALUATION AND STATEMENT
TO BE COMPLETED BY THE FACULTY ADVISOR

Student's Name _____ SSN _____

Address _____

School of Nursing _____

Evaluation and Qualifying Statements:

Rate STUDENT on the scale below (1 = Very High, 7 = Very Low) on each of the following characteristics. Give an example to support your rating on the characteristics of leadership and communication ability.

Dependability	1	2	3	4	5	6	7
Responsibility	1	2	3	4	5	6	7
Assertiveness	1	2	3	4	5	6	7
Potential for Professional Growth	1	2	3	4	5	6	7
Leadership Qualities	1	2	3	4	5	6	7

Examples: _____

Communication	1	2	3	4	5	6	7
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Examples: _____

State involvement in professional organizations, career goals, why financial aid is needed, and any relevant comments. _____

do verify that this student will be a Junior / Senior (circle correct term) in (academic year) _____ and is currently a student in good standing at this institution. I support this student's application for a Vance Scholarship from WVNA because:

Clinical Faculty Signature _____ Title _____ Date _____



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Note to Clinical Faculty: Please return this statement to the Director of Nursing, who will forward this form with the application to WVNA.

PERSONAL REFERENCE STATEMENT

PERSONAL REFERENCE

In conjunction with an application for the Bernice L. Vance Scholarship, each candidate is required to submit two personal character references. Please complete the following information based upon your personal knowledge of the applicant's character and ability.

Applicant's Name: _____

Your Name: _____

Address: _____

Daytime phone: _____

Your occupation/profession: _____

Relationship to applicant: _____

How long have you known the applicant? _____

I support this student's application for a Vance Scholarship because:

Signature

Date

Note to Applicant: Please return this recommendation to the Director of Nursing, who will forward the application to WVNA.



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I support this student's application for a Vance Scholarship because:

Signature

Date

Note to Applicant: Please return this recommendation to the Director of Nursing, who will forward the application to WVNA.