



## 2019-WW-NAHN LATINX NURSE SCHOLARSHIP

*Reconociendo la Excelencia en Estudiantes de Enfermería Latinx*

*Recognizing Excellence in Latinx Nursing Students*

*Naa kuta'vo nuu suchi ka sikua'a tatna na Latinx*

**Application Deadline: NOVEMBER 30, 2019**

### *Information About WW-NAHN Scholarships*

#### **PURPOSE**

1. Provide financial support as an equity piece, for educational expenses to qualified Latinx students who have a permanent address, or are currently enrolled in a nursing program in Western Washington State and are preparing for a career as a registered nurse, or to RNs returning for an advanced degree in nursing.
2. Contribute to nursing diversity through the advancement and retention of Latinx students in nursing.
3. Celebrate and acknowledge Latinx nurses as leaders in designing a transcultural and inclusive quality health system that is equitable and available to all.

#### **WW-NAHN TYPES OF SCHOLARSHIPS AVAILABLE**

Scholarship awards are presented to WW-NAHN members accepted into and enrolled in a nursing program for Fall 2019 school term. If you have applied but have not been accepted, you are ineligible and should wait until the following year to apply for the scholarship. Please note that the number of scholarships offered each year is dependent upon the amount in the scholarship fund.

ADN/BSN: Students enrolled in associate or baccalaureate degree programs preparing for a career as a registered nurse.

RN Baccalaureate (RNB) Program: A registered nurse in a program leading to a bachelor's degree in nursing.

Advance Degree Program: A current RN working toward an advanced degree in nursing. For Master's, DNP and PhD nursing students. Must demonstrate an exemplary commitment to underserved and vulnerable Latinx communities and to the nursing profession through extracurricular professional activities.

WW-NAHN reserves the right to distribute the scholarships among these categories depending on applications received.

## ELIGIBILITY REQUIREMENTS

All Scholarships:

- Be currently enrolled in a nursing program as described in the categories above.
- Maintain a permanent address in Western WA or be enrolled in a nursing program located in Western WA. NOTE: WW-NAHN members are automatically eligible.
- Become a WW-NAHN member within 30 days of receiving the award. NOTE: WW-NAHN will refund a one-time membership registration for recipients receiving their initial nursing licensure.

## AWARD CRITERIA

Scholarships will be awarded on the basis of all statements below:

- An understanding of your role in supporting the mission of WW-NAHN, which is: *to advance the health of Latinx communities in WA State, by leading, promoting, and advocating for educational, professional, and leadership opportunities for Latinx nurses and students;*
- Experience at personal, family, history, volunteer, professional, or academic levels that demonstrate a commitment to health equity of Latinx communities in Western WA and beyond;
- A determination to increase advocacy for a health system that is inclusive, with special interest in migrant farm worker health, and all who are currently marginalized from accessing health services.

## SUBMISSION REQUIREMENTS

- A. Application materials must be submitted electronically by **11:59 pm on Saturday, November 30**, to: [wwnahn@uw.edu](mailto:wwnahn@uw.edu)
- B. Scholarship application materials **must** include the following:
  1. Completed and signed WW-NAHN Scholarship Application (5 pages).
  2. Current college transcripts that **include** nursing courses **and** any prerequisites (an unofficial copy of the transcript is acceptable).
  3. One signed letter of recommendation specifically for this scholarship application-from a professor, employer, volunteer supervisor, or non-relative community member or leader stating why you should be considered for the WW-NAHN Scholarship. Have your recommender email your recommendation with your name in the subject line directly to: [wwnahn@uw.edu](mailto:wwnahn@uw.edu) by the deadline-**no later than November 30, 2019**. We do not use a form for the reference; your recommender must submit a letter.
  4. Include a current resume or curriculum vitae. **Please** be sure to include the following headings:
    - Employment-this category includes unpaid work that contributes to family well being;
    - Volunteer and/or Community Service;

- *Professional Organizations and Committees;*
- *Honors, Awards and Scholarships*-Includes honors awarded you by community leaders for upholding advocacy for cultural traditions in health;
- *Presentations, Publications and Research;*
- *Proficiency in Indigenous Languages*, such as: Triqui/Trique, Mixteco, and others (not required, but highly regarded);
- *Proficiency in Spanish* (not required, but highly regarded).

## GENERAL INFORMATION

- A. The WW-NAHN Scholarship Committee will select scholarship recipients. All information will be held in strict confidence.
- B. Returning applicants must update ALL previous submission forms and essays. Previously re-submitted material will disqualify applicant from consideration.
- C. Scholarship recipients will be notified by email and by mail and will be acknowledged on our social media and website.
- D. Awards will be paid by WW-NAHN and mailed directly to the recipient.

## WESTERN WASHINGTON NATIONAL ASSOCIATION OF HISPANIC NURSES MISSION

Western Washington National Association of Hispanic Nurses is a professional nursing organization committed to advancing the health of Latinx communities in WA State, by leading, promoting, and advocating for educational, professional, and leadership opportunities for Latinx nurses and students.

Questions? Email [wwnahn@uw.edu](mailto:wwnahn@uw.edu)



# 2019-WW-NAHN LATINX NURSE SCHOLARSHIP APPLICATION

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**Application Deadline: NOVEMBER 30, 2019**

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## APPLICANT INFORMATION:

Applicant's Name: \_\_\_\_\_

Are you a member of WW-NAHN? \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_ No

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SCHOLARSHIP DESIGNATION:

I would like to apply for the following scholarship (see description on the Information page):

Check one:

\_\_\_\_\_ADN/BSN \_\_\_\_\_RNB

Advanced Degree: \_\_\_\_\_Master's \_\_\_\_\_DNP \_\_\_\_\_PhD

**Submit all scholarship materials via email to [wwnahn@uw.edu](mailto:wwnahn@uw.edu) by 11:59 pm November 30, 2019.**

**ACADEMIC BACKGROUND:**

Colleges Attended (list most recent first):

Name	City	Dates Attended	Major
Name	City	Dates Attended	Major
Name	City	Dates Attended	Major
Name	City	Dates Attended	Major

Email/submit electronic college transcripts that **include** nursing courses and prerequisites.

First generation college student (undergrad or graduate)? \_\_\_\_\_ Yes \_\_\_\_\_ No

How did you hear about our Scholarship Program?

\_\_\_\_\_

**FAMILY BACKGROUND:**

Check and list all that apply:

Parent(s) **native** language (s): Indigenous (list): \_\_\_\_\_, \_\_\_\_\_; Spanish: \_\_\_\_\_ English: \_\_\_\_\_; Other (list): \_\_\_\_\_

Parent(s) **spoken** language (s): Indigenous (list): \_\_\_\_\_, \_\_\_\_\_; Spanish: \_\_\_\_\_ English: \_\_\_\_\_; Other (list): \_\_\_\_\_

**Submit all scholarship materials via email to [wnahn@uw.edu](mailto:wnahn@uw.edu) by 11:59 pm November 30, 2019.**

**STATEMENT OF APPLICANT:**

I certify that all information in this application and all enclosures are true and accurate to the best of my knowledge. I understand that any misrepresentations may result in the award being rescinded.

If I am awarded a scholarship, it is my intention to complete the educational program outlined and to serve as a member of the nursing profession.  
I authorize WW-NAHN to contact School Representative or Reference for additional information as needed.

I agree to \*10-20 hours of volunteer service to WW-NAHN to be completed within one year of receipt of scholarship. This may include but is not limited to: \*Participation in WW-NAHN meetings and Health fairs.

I also agree that this application and all credentials submitted by me and others on my behalf are true to the best of my knowledge, and that these will remain the property of WW-NAHN.

I agree that WW-NAHN can publish information contained in my Bio and picture (requested after selected as recipient) in sources such as scholarship publications, E-newsletter, website and Facebook.

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Print Name

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Signature and Date

**STATEMENT OF ELIGIBILITY REQUIREMENTS**

**Applicant:** *Please have the Dean or School Representative complete this section for Fall 2019 term.*

I certify that \_\_\_\_\_ is currently enrolled in or has been accepted to \_\_\_\_\_ School of Nursing.

This is a (please check one):

\_\_\_\_\_ ADN or BSN Program (the School is approved by the Nursing Commission)

\_\_\_\_\_ RNB Program

\_\_\_\_\_ Master's Program

\_\_\_\_\_ Doctoral Program

Date of Entrance: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

I recommend \_\_\_\_\_ for the **2019-WW-NAHN Latinx Nurse Scholarship.**

Comments:

\_\_\_\_\_  
Signature of Dean or School Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## APPLICATION ESSAY QUESTIONS

Please note which questions you are required to complete (see checklist below):

*To respond to the following questions, please type answers to each question on a **separate** page(s) (maximum 1-2 typed pages, double-spaced, written in a font size 12 per question). Address each question in its entirety, giving the scholarship committee a complete picture of your contributions and commitment to advancing the health of Latinx communities through nursing.*

All Applicants:

1. Please share how your background and experiences informed your interest in advancing the health of Latinx communities.
2. Discuss your beliefs regarding cultural values and cultural identity, and how these are related to Latinx health and well-being. In your answer, provide one or two specific examples of skills/practices you plan to use in order to learn about cultural values that are important to your patients' views of health or illness.

Advanced Degree Program Applicants will **also** answer the following question:

3. Discuss your perspective on the relationship between increased Latinx representation in nursing and the elimination of health disparities in the Latinx population. Provide examples for how your graduate degree and/or scholarly work help you address disparities in health outcomes and/or health care delivery practices.

Returning Applicants Only:

1. Please answer the questions above as instructed, AND to be considered for the award, **please update your answers completely** to reflect the changes in your new perspectives. For example, consider how your past year at work, **and/or** being in school has informed your new essay answers.

**Application Checklist-Submit all items electronically to: [wnnahn@uw.edu](mailto:wnnahn@uw.edu) by 11:59 pm November 30, 2019:**

### ADN or BSN Program & RNB Program

- \_\_\_\_\_ Submit Completed Application with Dean or School Representative Signature
- \_\_\_\_\_ Submit Current College Transcript (unofficial OK)
- \_\_\_\_\_ Submit One Signed Letter of Recommendation
- \_\_\_\_\_ Submit completed Questions 1 & 2
- \_\_\_\_\_ Submit a Resume or Curriculum Vitae

### Advanced Degree Program

- \_\_\_\_\_ Submit Completed Application with Dean or School Representative Signature
- \_\_\_\_\_ Submit Current College Transcript (unofficial OK)
- \_\_\_\_\_ Submit One Signed Letter of Recommendation
- \_\_\_\_\_ Submit completed Questions 1, 2 & 3
- \_\_\_\_\_ Submit a Resume or Curriculum Vitae