



NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA SCHOLARSHIP PROGRAM INFORMATION SHEET 2026

Website: <https://nnca.org/chapter/nncasc/>

Scholarship: Scholarships are offered to undergraduate nursing students and registered nurses (attending school in Southern California) to continue their studies for a baccalaureate degree in nursing. Historically, the scholarship amount has been \$1000-\$3000. The Navy Nurse Corps Association of Southern California (NNCASC) Scholarship Committee selects the scholarship recipients in May/June.

Applicant Qualifications:

- Must be accepted by an accredited BSN program in Southern California
- Must be a Nursing Major – Full or Part Time
- Must have a current grade point average of at least 3.0
- Must give evidence of successful completion of at least one clinical nursing course
- Current student during the 2026-2027 Academic year (Not graduating in Spring/Summer 2026)
- Military affiliation is NOT a requirement, scholarships are open to all BSN students

Application Forms to Submit by April 17, 2026: Please read the instructions thoroughly

1. Complete the Scholarship Application form – can request an electronic application or download from our website: nnca.org/chapter/nncasc
2. Send in original transcripts from current nursing program: *directly via hardcopy or Parchment*
3. Professional nursing references sent directly to Committee
 - a. We require **two (2)** professional nursing references
 - b. One reference **must be** from a faculty member at your School of Nursing
 - c. Each reference must complete a Reference Rating Form, and include a short narrative describing the candidate based on the rating
4. Complete a personal statement of 500 words or less stating:
 - a. What motivated you to pursue a career in Nursing
 - b. How will the scholarship benefit you
 - c. Your career goals and potential for contribution to the profession
5. Complete the Financial Assistance Questionnaire
6. Send in application on or before April 17, 2026

Final Decision:

- Scholarship committee meets and makes selections in May/June
- Applicants will be notified of the results via email
- Awards are sent directly to the University Financial Aid Office

Note: Applications are available via email and/or our website

Chair Email: nncascholarship@gmail.com or download at <https://nnca.org/chapter/nncasc/>

Questions?? Please email the Scholarship Committee Chair

Application, Transcripts & References are to be sent no later than April 17, 2026:

NNCASC Scholarship Committee

1463 La Loma Dr.

San Marcos, CA 92078

Chair Email: nncascholarship@gmail.com

Website: <https://nnca.org/chapter/nncasc/>

(Please type or print clearly)

Applicant's Full Name:

Last First MI (Maiden Name)

Mailing Address:

Street City State
Zip

Cell Phone: (_____) _____ Email:

Current School:

Date(s) of Attendance: _____ Student ID:

GPA (using a 4.0 scale) _____ Anticipated date of Graduation

Those graduating in Spring/Summer Semester 2026 are not eligible.

Other Schools Attended (post high school) - include credits/degree/certifications:

Employment Record: List in chronological order with present employment first.

<u>Place</u> <u>Time</u>	<u>Dates</u>	<u>Position</u>	<u>Part/Full</u>
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Honors/Awards/Recognitions: (high school to present)

<u>Honor</u>	<u>Date</u>
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Community/School Involvement: (high school to present)

Military/Civil Service Affiliation: Active Duty, Reserve duty, Veteran, Family member serving/served, Civil Service employee

_____**Years**_____

(Affiliation: Yourself, Parents, Siblings or Grandparents)

I verify that all statements made in this application are complete and accurate.

Signature

Date

**NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA
FINANCIAL ASSISTANCE QUESTIONNAIRE 2026**

Since the need for scholarship funds is one of the factors considered in awarding scholarships, the following information is required. This page of the application, when completed, is made available only to the Scholarship Committee of the Navy Nurse Corps Association of Southern California. The information will be held in strict confidence. Completed form must be returned with the application by April 17, 2026.

Applicant's Name:

Address:

Street City State Zip

Are you applying for FAFSA for the 2026-2027 academic year? Yes [] No []

Did you qualify for federal aid for the 2025-2026 academic year? Yes [] No []

Number of Dependents (those financially dependent upon you): _____

Relationship(s):

Estimated costs for the 2026-2027 academic year:

Tuition and fees: \$ _____

Books and supplies: \$ _____

Room and board: \$ _____

Travel/commuting: \$ _____

Personal expenses: \$ _____

Total: \$ _____

Sources of funding to meet these expenses:

Expected contributions from family members: \$ _____

Expected contributions from your earnings: \$ _____

Expected contributions from your savings: \$ _____

Awards, scholarships, grants received: \$ _____

Awards, scholarships, grants pending approval: \$ _____

Student loans for 2026-2027 academic year: \$ _____

Other sources of funding (please identify): \$ _____

Other Sources Not Noted Above: (if applicable): _____

Total: \$ _____

Note: Totals for estimated costs and sources of funding should match.

**NAVY NURSE CORPS ASSOCIATION OF SOUTHERN CALIFORNIA
SCHOLARSHIP REFERENCE FORM 2026**

Please complete the reference and include a short-typewritten narrative describing the candidate considering your numbered rating below. The deadline is April 17, 2026.

NOTE: References are to be sent directly to the Committee Chair, not given to the student
The reference can be *mailed or emailed* to the Chair

Please Print or type:

Candidate:

Last Name First Name MI

Anticipated Graduation Date: _____ (those graduating in Spring/Summer 2026 are not eligible)

Name of Person Writing Reference:

School/Institution/Business:

Your Position:

Phone number:

Email Address:

How long have you known the applicant? _____

In what capacity? _____

Please choose and circle the following on a scale of 1-5 (5 being the best rating):

Attitude	N/A	1	2	3	4	5	
Character (Honesty/Integrity)	N/A	1	2	3	4	5	
Quality of Class/Clinical Work	N/A	1	2	3	4	5	
1. Clinical application	N/A	1	2	3	4	5	
Professionalism		N/A	1	2	3	4	5
Leadership	N/A	1	2	3	4	5	
Self-direction	N/A	1	2	3	4	5	

****Please attach a short typed or written narrative describing the candidate considering your rating****

- Include your name and student's name on your narrative.
- The reference and narrative may be mailed or emailed to the Chair.
- See contact information below.

Signature

Date

Please mail or email reference to:

NNCASC Scholarship Committee
1463 La Loma Dr.
San Marcos, CA 92078
Email: nncascholarship@gmail.com