NN-CAT Nursing Network-Careers and Technology Mentoring Program
Western Carolina University School of Nursing
Mentoring/Scholarship/Stipend Program

**Award:** Scholarship of $4,000 for tuition for prenursing or RIBN student

Monthly living stipend of $333.00 per month for one year

A nursing mentor to provide guidance through prenursing or RIBN

**Eligibility:**
1. Be a US Citizen or permanent resident
2. Must have a minimum grade point average of **2.8 or above for** undergraduate studies and provide copy of college transcript
3. Be nominated by a faculty member of Western Carolina University or Southwestern Community College
4. Be a member of an ethnic or non-ethnic minority group under-represented in the nursing profession (African-American, Hispanic/Latino, Native American or Asian Pacific Islander) or have been raised in the following counties: Cherokee, Graham, Swain, Jackson, and the Cherokee Qualla Indian Boundary)*
   *Designations consistent with the Health Resources Services Administration Guidelines
5. Be currently enrolled in the prenursing program at Western Carolina University or in the first year of the RIBN program at Southwestern Community College. Students that apply for the NN-CAT mentoring and scholarship program should be in good academic standing
6. Students that are selected will be expected to participate in the mentoring program for two years
Application Guidelines:

A completed paper application includes the following five items:

1. NN-CAT Mentoring Program Scholarship Application

2. Official prenursing or RIBN college transcript

3. A typed personal statement (no more than two pages) describing:
   - Why you feel you qualify and should be selected for the NN-CAT program
   - Your personal background
   - Your academic background and current GPA
   - Your community service activities
   - Your nursing career goals and where you would like to practice as a nurse
   - Any obstacles or challenges you have overcome to enter prenursing or RIBN program

4. Financial Aid Statement form that has been completed by an official in the Financial Aid Office on campus

5. One (1) letter of recommendation—the recommendation form should be from a faculty nominator who knows your potential success as a student in this program

Application Submission and Deadline:

Application packets should be received in the School of Nursing offices listed below by November 1, 2013.

Western Carolina University
School of Nursing
Office 336
College of Health and Human Sciences
Phone: 828-227-7467

Southwestern Community College
School of Nursing
Office of RIBN Coordinator-230
Balsam-School of Allied Health
Phone: 828-339-4367

Award Notification:

Applications will be reviewed by an award committee during first week of November. Recipients will receive a Notice of Award from the Program Director in mid-November, 2013.

For any questions regarding application contact: Dr. Sharon Metcalfe
Phone: 828-227-2893 Email: metcalfe@email.wcu.edu
NN-CAT Mentoring Program APPLICATION
Please type or print clearly. Complete all sections of the application.

<table>
<thead>
<tr>
<th>PERSONAL DATA</th>
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<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
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<tr>
<td>Student ID number #</td>
<td>Date of Birth</td>
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<td></td>
<td>Place of Birth (County/State/Country)</td>
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<td>Mailing Address</td>
<td>Permanent Address</td>
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<td>Street Address:</td>
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<td>Area Code:</td>
<td>Cell Phone:</td>
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<td>Area Code:</td>
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E-mail address (all correspondence will be sent to this email address)

Historically, how do you describe yourself? (Please check all that apply):

- [ ] 1 = American Indian or Alaska Native
- [ ] 2 = Asian
- [ ] 3 = Black or African American
- [ ] 4 = Hispanic or Latino
- [ ] 5 = Native Hawaiian or other Pacific Islander
- [ ] 6 = White
- [ ] 7 = Appalachian
- [ ] 8 = Other (Specify)

Citizenship: [ ] US Citizen [ ] Permanent Resident [ ] Non-Resident Alien

Proof of residency may be required (i.e. driver’s license, passport or permanent resident ID #) if awarded.

<table>
<thead>
<tr>
<th>ACADEMIC INFORMATION</th>
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<tbody>
<tr>
<td>_______ Pre nursing Western Carolina University</td>
<td>Current Cumulative GPA _________</td>
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<tr>
<td>_______ RIBN Southwestern Community College</td>
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<tr>
<td>Are you enrolled full-time in pre nursing or RIBN?</td>
<td>Name of Institution</td>
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<td>[ ] Yes [ ] No</td>
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For Prenursing and RIBN Students to Complete

Year of Prenursing/RIBN (Semester/Year.) | Are you planning to remain in Western North Carolina after you graduate, if so, which county or area?

What degree(s) will you have when you complete this program of study? | Expected Graduation Date Month/Year

Area of nursing career interest? | Where do you intend to apply to work as a nurse?
FINANCIAL AID INFORMATION

1. List any additional extenuating circumstances not listed on the FAFSA that may change the student’s financial circumstances, i.e. economic hardship, births, deaths, etc:
   • ________________________________________________
   • ________________________________________________
   • ________________________________________________

EMPLOYMENT

Are you currently employed?  ☐ Yes  ☐ No  If yes, how many hours/week?

REFERENCE

List name and title of the faculty who will complete the Nominator Recommendation Form.

Name: ___________________________________  Phone: (          )___________________________
Title: _________________________________________  Institution: ______________________________
E-mail address____________________________________

SIGNATURE

I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in the NN-CAT Mentoring Program.

Student Signature ___________________________ Date ___________________________
NN-CAT Program FINANCIAL AID STATEMENT

**TO BE COMPLETED BY THE STUDENT**

1. Student’s Full Name _______________________________________________________

2. Address __________________________________________________________________

3. City, State, Zip __________________________________________________________________

4. Social Security # __________________________________________________________

5. Status (Circle one) Single Single w/children Married Married w/children

6. Attach a copy of your current Financial Aid Award Letter

**TO BE COMPLETED BY THE FINANCIAL AID OFFICE**

2. School’s Name ___________________________________________________________

3. A. BUDGET (Cost of Attendance) B. FINANCIAL AID AWARDS

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<td>Loan Fees</td>
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<td>Room/Board</td>
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<td>Books</td>
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<td>Travel</td>
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<td>Misc/Personal</td>
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<tr>
<td>Other (Please specify)</td>
<td>$_______</td>
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<tr>
<td>Other (Please specify)</td>
<td>$_______</td>
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TOTAL A $_______ TOTAL B $_______

4. Student’s remaining unmet financial need $________
   (Budget/Cost of Attendance minus Financial Aid Awards: A-B)

5. Student’s total education indebtedness (include all debt, all years, undergraduate and graduate) $________

Name/Title of Authorized Official ___________________________________________________________

Authorization Official Signature ________________________________ Date ___________
NN-CAT Nursing Network-Careers and Technology Mentoring Program

RECOMMENDATION FORM

(This form is to be completed by your faculty Nominator that knows you)

APPLICANT: Please fill in your name and give this form to the faculty member who is nominating you.

APPLICANT'S WAIVER OF RIGHT TO ACCESS CONFIDENTIAL INFORMATION (OPTIONAL):
I hereby freely and voluntarily waive my right of access to any information contained on this recommendation form and agree that the statement shall remain confidential.

| Applicant’s Name | | |
| Signature | Date |

REFERENCES, PLEASE PLACE A CHECK IN THE APPROPRIATE BOX

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<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
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<td>Academic Achievement</td>
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<td>Oral Communication</td>
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<td>Written Communication</td>
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<td>Dependability</td>
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<td>Initiative</td>
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<td>Intellectual Ability</td>
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<td>Integrity</td>
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<td>Interpersonal Skills</td>
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<td>Leadership</td>
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<td>Work Habits</td>
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<td>Adaptability</td>
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<tr>
<th>Nominator’s Name</th>
<th>Title</th>
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<thead>
<tr>
<th>Institution</th>
<th>Program</th>
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</table>

| Address | City/State/Zip |
NN-CAT MENTORING PROGRAM APPLICATION CHECKLIST

- Application to be carried to the School of Nursing office at Western Carolina University or to Southwestern Community College as a complete package by applicant
- Financial Aid Statement Form included and signed by Financial Aid office
- Official Transcript(s)
- Personal Statement (two pages typed)
- 1 - Recommendation Form
  - A. Faculty Nominator Recommendation Form

You will receive an email confirming receipt of your application

| NN-CAT MENTORING PROGRAM  
| Application Checklist 
| For NN-CAT Use Only |

Name: _________________________________________________

Eligibility Criteria Met: _____________

CUM GPA: _______

Personal Statement Received: ______ Financial Aid Statement: ______
Transcript/s: ______ Recommendation Received: ______
Accepted: ______ Signature of Financial Aid: _____

NN-CAT MENTORING Committee Member Reviewing Application:

Signature: ________________________ Date: _______________________

This scholarship is based on available funding from the Nursing Division of the HRSA (Health Resources Services Administration)