



School of Nursing Western Carolina University
 College of Health & Human Sciences | 4121 Little Savannah Rd., Suite 336, Cullowhee, NC 28723
 828.227.7467 tel | 828.227.7052 fax

**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.

PERSONAL DATA		
Last Name	First Name	Middle Initial
Student ID number #	Date of Birth	<input type="checkbox"/> Male
	Place of Birth (County/State/Country)	<input type="checkbox"/> Female
Mailing Address		Permanent Address
Street Address:		Street Address:
City:	County:	City: County:
State:	Zip:	State: Zip:
Area Code:	Cell Phone:	Area Code: Phone:
E-mail address (all correspondence will be sent to this email address)		
Historically, how do you describe yourself? (Please check all that apply):		
<input type="checkbox"/> 1 = American Indian or Alaska Native		<input type="checkbox"/> 5 = Native Hawaiian or other Pacific Islander
<input type="checkbox"/> 2 = Asian		<input type="checkbox"/> 6 = White _____
<input type="checkbox"/> 3 = Black or African American		<input type="checkbox"/> 7 = Appalachian
<input type="checkbox"/> 4 = Hispanic or Latino		<input type="checkbox"/> 8 = Other (Specify)
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-Resident Alien		
Proof of residency may be required (i.e. driver's license, passport or permanent resident ID #) if awarded.		
ACADEMIC INFORMATION		
_____ Pre nursing Western Carolina University	Current Cumulative GPA _____	
_____ RIBN Southwestern Community College		
Are you enrolled full-time in pre nursing or RIBN? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Institution	
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) Tuition/Fees \$ _____ Loan Fees \$ _____ Room/Board \$ _____ Books \$ _____ Travel \$ _____ Misc/Personal \$ _____ Other _____ \$ _____ (Please specify)	B. FINANCIAL AID AWARDS Pell Foundation Grants (fed/state) Perkins Subsidized Loan Unsubsidized Loan Scholarships Other _____ (Please specify)
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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

	Excellent	Above Average	Average	Below Average	Unable to Evaluate
Academic Achievement					
Oral Communication					
Written Communication					
Dependability					
Initiative					
Intellectual Ability					
Integrity					
Interpersonal Skills					
Leadership					
Work Habits					
Adaptability					
Nominator's Name	Title				
Institution	Program				
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)**