



## Philippine Nurses Association of America—Oregon & Washington Chapter The Jaime Lim and Dory Osilla-Lim Academic Scholarship 2018-2019

### Purpose

To provide financial assistance to a qualified nursing student of Filipino descent who is currently enrolled in a pre-licensure nursing program in Oregon or Washington State and is preparing for a career as a registered nurse.

To celebrate and acknowledge emerging student nurse leaders who are committed to giving back to their community while promoting unity, fellowship and excellent care.

### Types of scholarship available & Eligibility criteria

For academic year 2018-2019, one scholarship is available. **The Jaime Lim and Dory Osilla-Lim Academic Scholarship** of \$1000 is available. To be eligible, applicants must meet the following criteria:

1. Currently accepted or enrolled in an approved and accredited pre-licensure nursing program (ADN or BSN) in Oregon or Washington State.
2. Of Filipino descent.
3. Currently resides in Oregon or Washington State and has been a resident of either state for at least one year.
4. If the applicant receives the scholarship, they will become an active member of Philippine Nurses Association of America—Oregon & Washington (PNAOW) after scholarship award notification by September 1, 2018. Membership dues will be covered by PNAOW.

## GENERAL INFORMATION

1. The PNAOW Scholarship Committee will select the scholarship recipient. All information will be held in strict confidence.
2. This Scholarship is a one-time award.
3. Scholarship recipients will be notified by email and by mail and will be acknowledged at our biennial Masquerade Ball scheduled for September 22, 2018 at the Embassy Suites Hotel in Portland. The recipient will receive two (2) complimentary tickets to the event. The recipient will be acknowledged on our social media and website.
4. Awards will be paid by PNAOW directly to the school of nursing attended by the recipient for application to the student's account.

Questions or need more information? Please refer to the PNAOW Scholarship FAQs document. If your question is not answered in the FAQs, please email [PNAOW.Scholarship@gmail.com](mailto:PNAOW.Scholarship@gmail.com) for more information.

## Application Form

Instructions. To complete the application, please either:

1. Print the application, complete it, then scan and email it to PNAOW.Scholarship@gmail.com, or
2. Complete the form online and email it to PNAOW.Scholarship@gmail.com.

**Application Deadline: July 31, 2018**

**APPLICANT INFORMATION:**

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

Are you a member of PNAOW? \_\_\_\_\_ Yes \_\_\_\_\_ Year \_\_\_\_\_ No

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

Mailing Address:

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

Permanent Address (if different)

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

**ACADEMIC BACKGROUND:**

Colleges Attended (list most recent first):

Name of Institution	City	Dates attended	Major

Cumulative Current College GPA (4.00 scale): \_\_\_\_\_.

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

First generation college student? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FAMILY BACKGROUND:**

Check and list all that apply:

Parent(s) native language(s): (list): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent(s) spoken language (s): (list): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Applicant's language skills: (list language and level of speaking proficiency):

Language/Dialect	Level of proficiency
	<i>Native speaker: Your first language</i> <i>Fluent: Speaks easily and accurately but requires conscious concentration when speaking</i> <i>Proficient: Skilled and speaks the language with greater formality</i>

**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 PNAOW to contact School Representative or Reference for additional information as needed.

I agree to \*10-20 hours of volunteer service to PNAOW to be completed within one year of receipt of scholarship. This may include but is not limited to:

\*Participation in PNAOW meetings

\*Participation in other chapter events

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 PNAOW.

I agree that PNAOW 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 2018 term.

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

This is a (please check one):

\_\_\_\_\_ ADN Program (the program is approved by the Washington State Nursing Care Quality Assurance Commission or the Oregon State Board of Nursing)

\_\_\_\_\_ BSN Program (the program is approved by the Washington State Nursing Care Quality Assurance Commission or the Oregon State Board of Nursing)

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

In my opinion, \_\_\_\_\_ is a worthy applicant and I  
recommend PNAOW consider this student for the PNAOW Scholarship.

The student's current grade point average is \_\_\_\_\_ on a \_\_\_\_\_ point  
system at the end of \_\_\_\_\_ quarter or \_\_\_\_\_ semester.

Comments:

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

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

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

## Application Questions

*To be completed by the applicant*

### Instructions:

To respond to the following questions, please type answers to each question on (a) separate page(s), maximum 1-2 typed pages for all questions, 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 experiences.

One of PNAOW's purpose is to "to engage in activities that will allow giving back to the community while promoting unity, fellowship and excellent nursing care."

- 1) Please describe your volunteer work and the impact your volunteer experiences had on you. Please share one example of how you contributed your strengths and talents in your volunteer work.
- 2) Describe how your background and experiences inform your chosen field of nursing. What experiences led you to choose nursing as your profession?
- 3) Describe how you envision "giving back to the community" as a registered nurse? Please specify who you are defining as "the community."

### Checklist for application completion:

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