



PACIFIC COAST REGION WOCN

Nurse in Washington Internship (NIWI)

Scholarship Application

APPLICATION FORM

All information will be kept confidential, LEAVE NO BLANKS. Incomplete application will not be reviewed.

Return 2 copies of this application and 2 copies of submitted WOCN NIWI Scholarship Application including letter of reference to:

Wanda Johnson-PCR Vice-President
Alta Bates Summit Medical Center
Nursing Administration 1st Floor
2450 Ashby Avenue
Berkeley, CA 94705

ELGIBILITY CRITERIA

1. Active member of the PCR of WOCN, as indicated by attendance of a minimum of one annual regional meeting and active participation in their local WOCN support group in the past year (if available).
2. Active member of the PCR Government Affairs Committee (GAC) for at least ONE YEAR.
3. Demonstrate the ability to communicate effectively, both verbally and in written format. To be evaluated by the PCR Vice President and GAC Chairman.
4. Project enthusiasm and interest in nursing legislative issues.
5. Communicated with own legislators on at least one issue. Copies of said communication to be verified by the PCR Vice President or GAC Chairman.
6. Must first submit an application for a WOCN (NIWI) scholarship and provide copies of said application as stated above. WOCN application available at www.wocn.org

The WOCN PCR Vice President must receive application by _____, 2003.

NOTE: To ensure receipt of documents send your application via a traceable method such as mail return receipt requested, UPS or Federal Express. It is advisable that you keep a copy of your completed application packet.

Applicant Information

1. Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: Home () _____ Work () _____

2. WOCN Member #: _____ E-Mail _____

3. Write a short essay in 100 -150 words, explaining why you wish to attend the NIWI program, your plans on utilizing the knowledge of the legislative process to benefit the Pacific Coast Region and nursing in general (attach a separate sheet).



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AGREEMENT FORMS

Consent for Name Release

The WOCN PCR may use your name during the scholarship application process. This would include contacting and sharing your application with PCR BOD members for review. Please sign this consent form. All information will be kept confidential.

I, _____, hereby give permission for the release of my name and address to determine my scholarship eligibility during the review process and, in the event that I am awarded a scholarship, my name may appear in the PCR Timely Topics, the PCR Web site and press releases.

Signature

Date

Scholarship Agreement Form

I, _____, hereby agree to the following obligations after attending NIWI:

- Be an active member of the PCR-GAC for at least two years and assist the chairman with legislative issues or change.
- Send follow-up letters to congressional member to further build relationships.
- Submit articles to Timely Topics and the PCR Web page bi-annually or as needed addressing new issues.
- Network with other NIWI graduates within the region and nationally to expand the effectiveness of the legislative liaison process.
- Give a formal presentation to the PCR membership on the outcomes of the NIWI program at the fall symposium on techniques to advance legislative issues at grassroots level.
- Submit an itemized expense report to the PCR treasurer within 30 days after attending NIWI.
- Report monthly to the GAC chairperson and the Vice- President on legislative activities.

In the event I am unable to fulfill the above obligations or to attend the NIWI program, all monies heretofore accepted by me will be forfeited and returned to the WOCN PCR Treasurer, P.O. Box 2908, Lake Arrowhead, CA 92352-2908.

Signature

Date