



PACIFIC COAST REGION WOCN Nurse in Washington Internship (NIWI) Scholarship Application

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:

**Joyce Moss -PCR Vice-President
AllCare Home Health Services
2880 Sunrise Blvd #218
Rancho Cordova, CA 95742**

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. Upon completion of NIWI the applicant will participate on the Government Affairs Committee for 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 Chairperson.
4. Project enthusiasm and interest in nursing legislative issues.
5. Communicate with own legislator 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 January 15 of each year.

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).



PACIFIC COAST REGION WOCN Nurse in Washington Internship (NIWI) Scholarship Application RELEASE & AGREEMENT FORM

Consent for Name Release

The WOCN PCR may use my name during the scholarship application process. This would include contacting and sharing my 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 one year 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.

Signature

Date