



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 a letter of reference to:

Judy Harwood PCR Vice-President
2414 Sunnyside Ridge Road
Rancho Palos Verdes, CA 90275-5215

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.

The application should be postmarked Jan 8, 2011.

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).
4. Include a copy of 1 letter or email that was submitted to one of your representatives (local, state or national) regarding an issue that was of concern to you. Does not need to be WOCN related.



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 1 article to Timely Topics about my NIWI experience and follow up articles to Timely Topics and the PCR Web page as needed addressing legislative issues pertinent to WOC nursing.
- Network with other NIWI graduates within the region and nationally to expand the effectiveness of the legislative liaison process.
- Give a short presentation to the PCR membership at the annual conference about the NIWI program and how 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