



Mary Lewis Wyche Fellowships

In 2003, the North Carolina General Assembly passed legislation to create a First in Nursing license plate with \$15 of each license plate sold going to the NC Foundation for Nursing to fund the Mary Lewis Wyche Fellowships. Mary Lewis Wyche was the founder of the North Carolina Nurses Association in 1902 and was the nurse who spearheaded the creation of the first nursing practice act in the country which was passed on March 3, 1903.

Purpose: The Fellowships will be awarded to registered nurses seeking their masters or doctorate in education, practice or administration on a **full-time** basis. These Fellowships are awarded up to \$5,000 annually. If a recipient finds that they must reduce the number of hours enrolled, they will only receive half of the monetary award.

Requirements: Fellowship applicants must meet the following criteria:

1. Must be a resident of North Carolina for at least 12 months prior to application.
2. Must be admitted to a program in North Carolina offering a master's degree or doctoral degree in education, practice or administration.
3. Must be enrolled **full-time** (at least 9 hours per semester).
4. Must have a cumulative grade point average of 3.0 in work already completed in the program in which currently enrolled or in masters program if no course work has been taken in the current program.
5. **Note:** Priority will be given to NCNA members.

Amount of Fellowship: Up to \$5,000 per year

The Mary Lewis Wyche Fellowships are awarded without regard to race, sex, religion, age or national origin.

The applicant is responsible for assembling the materials together in **one** packet and submitting it to the NC Foundation for Nursing by June 1, 2008.

Incomplete applications or those for which materials are received postmarked after June 1 will not be considered by the committee.

Mailing Address: Applications and all related materials should be sent to:

NC Foundation for Nursing, Inc.
Scholarship Committee
103 Enterprise Street
Raleigh NC 27607-7325

Application Process:

Provide the Scholarship Committee the following information in a single envelope:

1. Completed application.
2. A statement of not more than 300 words presenting applicant's reasons for pursuing additional education and for doing so on a **full-time** basis.
3. Two letters of reference from individuals knowledgeable of the applicants character, contributions to community, reasons for pursuing education on a full time basis, and potential for contributions to nursing.
4. **Unofficial** transcript(s) of grades from BSN or current master's program for master's students; and master's program or current doctoral program for doctoral students.
5. Proof of acceptance to the educational program.

Basis of Awards: The Scholarship Committee will award the following point values in the seven categories listed below when judging applicant for scholarship awards:

A. Applicant Statement – Maximum of 25 points

The applicant statement is a summary of not more than 300 words prepared by the applicant which demonstrates qualifications for the award. This statement should include how professional experience, professional and educational goals, and ambition would contribute to nursing practice.

B. Professional Involvement – Maximum of 20 points

Memberships in all professional organizations should be included. Points are awarded for length of service, leadership positions, and level of involvement within the organization with weight increasing at state and national level of involvement.

C. Grade Point Average – Maximum of 15 points

Unofficial transcripts based on ADN for BSN students, BSN or current master's program for master's students; and master's program or current doctoral program grades for doctoral students.

- GPA between 3.0 and 3.6 or pass 8 points
- GPA between 3.7 and 4.0 or high pass 15 points

D. Honors – Maximum of 15 points

Points will be awarded for any professional honors and awards received.

E. Certification – Maximum of 15 points

Points will be awarded for current certification within the applicant's area of practice.

F. Letters of Reference – Maximum of 5 points

Two letters of reference must be included to address the applicant's leadership potential and meaningful contributions to professional nursing. One letter should be from a person knowledgeable about the applicant's educational ability and one from a person who can address the applicant's professional leadership potential.

G. Community Involvement – Maximum of 5 points

The applicant should include leadership roles in the community, such as PTA President, Chair of community groups, etc.

Mary Lewis Wyche Fellowship Program

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Scholarship Committee
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Print neatly in Ink or Type

This form must be completed.

Name in Full: _____
Home Address: _____
City: _____ Zip _____
Home telephone _____ Email _____

RN License Number _____ Renewal Date _____
Employer (if applicable) _____
Employer's Address _____

School Applicant will attend _____

Type of program: _____ Baccalaureate _____ Master's _____ Doctoral

If master's or higher, major/concentration _____

Anticipated degree at end of program _____

Anticipated date of graduation _____

A. Cumulative Grade Point Average: _____

B. Please list all professional activities; include years of participation, all offices or other positions of leadership held:

C. Please list any honors, awards, and certifications with dates received:

D. Please list all community activities; include years of participation, all offices or other positions of leadership held:

E. Please list the names and contact information of the persons writing a letter of reference on your behalf.

1. _____
2. _____

F. Please list your last three employers, dates of employment, and positions held:

1. _____
2. _____
3. _____

I certify that the information provided in the above application is accurate. I agree that I will return the scholarship funds to the foundation if I withdraw from school during the funded year.

Signature _____

For NCFN office use only

Application received _____ Sent to reviewers _____

Approved: ___ no ___ yes If yes, date check issued _____ (Check # _____)