Virginia "Bea" Root Nursing Scholarship

This Nursing Scholarship was established by the Wisconsin Paralyzed Veterans of America to honor the nursing career of Virginia "Bea" Root, an RN dedicated to state of the art care of Spinal Cord Injured persons. Bea's nursing career spanned 42 years of service beginning in the military and continuing through her retirement from Veterans Administration Health Care System. She had many roles throughout her career including nurse, teacher, counselor and patient advocate. She maintains a deep commitment to the Spinal Cord Injured population through the education of people regarding the needs of the Spinal Cord Injured. She remains actively involved in disabled rights and independent living movements. Honoring Bea Root's years of commitment to spinal cord injury nursing, WPVA established this scholarship in her name, a scholarship for nursing students pursuing careers in spinal cord injury care.

The Wisconsin Paralyzed Veterans of America (WPVA) is pleased to announce the annual Virginia "Bea" Root Nursing Scholarship Award. One $1000 and two $500 scholarships will be offered to senior nursing students enrolled in an accredited nursing program. In return, WPVA asks that the recipient seek employment in a Spinal Cord Injury Unit or in a Rehabilitation facility for one (1) year, to complete within a three (3) year period after graduation.

SCHOLARSHIP APPLICATION

To apply for the scholarship you must meet the following criteria:

A. Be in your final year of an NLN accredited nursing program.
B. Attend a Wisconsin based University or Nursing training program.
C. Demonstrate a need for financial aid.
D. Seek employment in a Spinal Cord Injury Unit or Rehabilitation facility.
E. Complete the application by the deadline given.

Print and Mail completed application to:

Wisconsin Paralyzed Veterans of America
WPVA Scholarship Committee
2311 South 108th Street
West Allis, Wisconsin 53227-1901

Virginia "Bea" Root Nursing Scholarship Application *

Name: _____

Current Address: _____

City/State/Zip: _____

Permanent Address: _____

Telephone # Home: _____

Work: _____

School of Nursing: _____

Date of Graduation (estimated): _____

Approximate GPA (Using 4.0 scale): _____

Marital Status: _____

Number of Dependents: _____

Record of Employment

Name of Company From/To Job Description

1.
2.
3.

Community Involvement & Activities: _____

School Extracurricular Activities: _____

Briefly explain your plans for financing your education, and your need:

Briefly Explain Your Plans for Financing Your Education, and Your Need for the Virginia "Bea" Root Scholarship:

Additional Comments your may wish to offer for use in evaluating your application: Include your long term nursing goals and objectives: _____

Supply two letters of Reference with your application. References should be people familiar with your academic achievement, work performance, and/or both. (Family members not accepted as references). Comments should include your academic performance, leadership, career potential, and any other comments regarding your worthiness for this award.

I hereby certify that all information given is true and correct:

_____ _____

(Date) **(Signature)**

ALL INFORMATION WILL BE KEPT CONFIDENTIAL AND USED FOR SCREENING PURPOSES ONLY. RECIPIENTS WILL BE NOTIFIED BY MAIL.

- If necessary use back of each page to complete your response.