

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.

I. Virginia “Bea” Root Nursing Scholarship

The Wisconsin Paralyzed Veterans of America (WPVA) is pleased to announce the annual Virginia “Bea” Root Nursing Scholarship Award. This \$1000 scholarship 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 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: _____

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.