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990 S 2nd St
Coos Bay, OR 97420

Nurse Faculty Fellowship Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

UCC or SOCC _____

Education

School where you completed your nursing program _____ ASN/BSN/MSN _____

Current Employer

Institution: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Yearly Wage: \$ _____

Required Documents

- Essay (1-page max) discussing your Classroom Performance, Community Service activities, and Professional Development activities for the current year.
- W9
- Proof of Employment with Institution

Optional – completed ACH form for Direct Deposit

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to program acceptance, I understand that false or misleading information in my application or interview may result in my disqualification.

I understand that to be eligible for an award under this fellowship program, it is expected that I will remain a full time faculty member of SOCC or UCC for the entire year.

Signature: _____ Date: _____

Please email completed application and required documents to kstevens@sowib.org