CALIFORNIA NURSES ASSOCIATION ALAMEDA COUNTY SCHOLARSHIP FUND 2017-2018 Academic Year

PURPOSE

The Alameda County scholarship was established in 1927 by members of the Alameda County Nurses Association to fund members enrolled in formal education programs, attending educational conferences or classes, or engaged in health educational efforts in underserved communities.

GUIDELINES FOR ELIGIBILITY

To qualify for an Alameda County Scholarship Award, you must be:

- A member of CNA-NNOC who is working at a facility located in Alameda County, CA for at least the past two consecutive years, and
- Plans for study or conference/class attended are directly relevant to the needs of direct care nurses, and
- Accepted for admission to an accredited or otherwise qualified educational institution for academic year 2017/2018; OR have completed an educational class or conference between July 1, 2016 and June 30, 2017; OR be engaged in health education effort in underserved communities.
- Travel expenses will be eligible for award monies provided that the approved program is unique in nature and is only offered in the location necessitating the travel expenses. Awards for expenses will be capped pursuant to current CNA reimbursement guidelines.

CRITERIA USED FOR SELECTION OF CANDIDATES

- Completed application form with supporting materials, including verification of acceptance in good standing to the educational program or course of selected study, with all material received by posted deadline. A W-9 Form must be attached. Current W-9 form can be found at www.irs.gov
- Experience as a bedside RN
- Commitment and active participation in CNA-NNOC and/or nursing and health related organizations.
- Professional vision and direction as expressed in submitted essay.

APPLICATION

Applications must be postmarked by August 1, 2017

Your application packet MUST include the following:

- A completed application form with W-9 Form.
- Verification of acceptance into accredited or otherwise qualified educational program for the academic year 2017/2018 OR proof of attendance of educational conference between July 1, 2016 and June 30, 2017.
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.
- If applicable, original receipts documenting travel expenses.

NOTE: FAXES WILL NOT BE ACCEPTED. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL INFORMATION REQUESTED IS INCLUDED AND RECEIVED BY THE APPLICATION DEADLINE.

Applications are available for download at www.calnurses.org

You may also send a request for application to: CNA Alameda County Scholarship Program

c/o California Nurses Foundation 155 Grand Avenue

Oakland CA 94612

ALAMEDA COUNTY SCHOLARSHIP FUND 2017/2018 APPLICATION FORM

NOTE: Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **August 1, 2017** to:

Alameda County Scholarship Fund c/o California Nurses Foundation, 155 Grand Avenue, Oakland, CA, 94612.

A. PERSONAL DA	ATA		
			4 digits only) XXX-XX-
PHONE: (day)		(evening)	
PRIMARY WORK	IPLACE:INCE:		
B. PLANS FOR S	STUDY & PROGRAM/TRA	AVEL EXPENSES	
NAME OF PROGI	RENCE PROVIDER: RAM:		
ANNUAL TUITIO	N OR COST OF CONFER	ENCE:	
C. CNA-NNOC A	<u>CTIVITIES</u>		
			urse Rep, PPC, FBC, LUC, Board leadership or organizing activities,
Description of Acti	vity(ies)		Dates (from/to)
D. <u>NURSING ANI</u>	D HEALTH RELATED CO	MMUNITY ACTIVITIE	S (if applicable)
List any health/con	nmunity service projects you	u participated in and the in	nclusive dates.
Organization	Description of Activity(ies)	Dates (from/to)

(Attach additional sheets for items C and D as necessary)

Please describe how the program advances your personal and/or professional goals, and how this program
advances patient care, health care in general and/or the profession of nursing. Use only the space provided below.
Have you applied to any other CNA-NNOC scholarship program for this academic year?
To your knowledge, have you been awarded any other scholarship, grant, work study or financial aid for this academic year? If yes, please explain with inclusive dates and amount(s)
F. AGREEMENT
I verify that the above information is true and correct to the best of my knowledge, and agree to notify CNA immediately if there is any change in my enrollment, financial or other information submitted. I further agree that i any of the information provided herein is later discovered to be false or misleading, scholarship monies awarded to me on the basis of that information may be forfeit.
SIGNATURE: DATE:
Return Completed Application and enrollment documention/receipts to:
Alameda County Scholarship Fund c/o California Nurses Foundation

Only completed applications received via United States mail, or private letter carrier service will be accepted.

All applications must be postmarked by <u>August 1, 2017</u>

155 Grand Avenue, Oakland, CA, 94612

FAXED, INCOMPLETE or LATE APPLICATIONS WILL NOT BE CONSIDERED.