

St. Joseph Hospital of Orange County Staff Nurse Scholarship | 2018-2019

PURPOSE:

The St. Joseph Hospital of Orange County Scholarship Fund was established through a donation from a staff nurse to introduce future Registered Nurses (RNs) to the California Nurses Association and reinforce to RNs the importance of strong advocacy for their profession and their patients.

GUIDELINES FOR ELIGIBILITY:

To qualify for the Scholarship Award, you must be:

- Enrolled in the second year of a two-year accredited Associated Degree Nursing (A.D.N.) Program for the academic year 2018/2019 and,
- Attending nursing school in Orange County California
- Enrolled in at least half-time study, as defined by the student's institutions, and
- Planning to complete the degree program within two (2) years.

CRITERIA USED FOR SELECTION OF CANDIDATES:

1. Complete application form with supporting materials and reference letters, with all materials received by posted deadline.
2. Commitment and active participation in nursing and health related organizations.
3. Professional vision and direction
4. Financial need

APPLICATION:

Application must be postmarked by **August 1, 2018**

Your application packet MUST include the following:

- A completed application
- Two letters of recommendation on letterhead dated and signed within one year prior to the final filing date, which must be attached to the completed application. (The following areas must be covered by these letters of recommendation: academic ability, personal commitment to the field of study.)
- Verification of acceptance into accredited A.D.N. degree program
- A one page typed essay describing personal and professional goals.
- Copy of 2017 tax return OR verification of income (if no tax return was filed) OR copy of parent/guardian 2017 tax return (if applicant is claimed as dependent.)
- Completed IRS W-9 form (can be found at www.irs.gov)
- Copy of transcript from first completed year of nursing program.

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 an application to: The St. Joseph Hospital of Orange County Staff Nurse
Scholarship
C/o California Nurses Foundation
155 Grand Avenue
Oakland, CA 94612

St. Joseph Hospital of Orange County Staff Nurse | **2018-**
Scholarship | **2019**

NOTE: Please **PRINT or TYPE** all information **IN BLACK INK**. Return this form with supporting materials and reference letters, postmarked by **August 1, 2018** to:

The St. Joseph Hospital of Orange County Staff Nurse Scholarship
c/o California Nurses Foundation
155 Grand Avenue
Oakland, CA 94612

I. PERSONAL DATA:

NAME: _____
ADDRESS: _____
PHONE: (day) _____ (evening) _____

II. EDUCATION:

Please list all schools attended including high school:

School/Location	Area of study (if applicable)	Degree	Dates Attended
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(Attach additional sheets if necessary)

III. PLANS FOR STUDY:

SCHOOL: _____
NAME OF PROGRAM: _____
LENGTH OF COURSE: _____
ANTICIPATED GRADUATION DATE: _____

IV. NURSING AND HEALTH RELATED COMMUNITY ACTIVITIES (if applicable):

List any community service projects you participated in and the inclusive dates:

Organization	Description of Activity(ies)	Dates (from/to)
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(Attach additional sheets if necessary)

V. WORK EXPERIENCE (if applicable):

Please list last two positions held including present one, and attach to this application a current resume:

(1) TITLE/POSITIONS: _____
COMPANY: _____
ADDRESS: _____
DATE EMPLOYED: FROM: _____ TO: _____

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Work Experience (cont)

(2) TITLE/POSITIONS: _____

COMPANY: _____

ADDRESS: _____

DATE EMPLOYED: FROM: _____ TO: _____

VI. FINANCE (attach tax forms or other income documentation):

TUITION: _____

OTHER EXPENSES: _____

MARITAL STATUS: _____ DEPENDENTS/AGES: _____

DESCRIBE FINANCIAL NEEDS: _____

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): _____

VII: STATEMENT OF PERSONAL AND PROFESSIONAL GOALS:

Please attach a typed, one page essay to support your application, describing your personal and professional goals.

VIII: AGREEMENT:

I verify that the above information is true and correct to the best of my knowledge, and agree to notify C.N.A. immediately if there is any change in my enrollment, financial or other information submitted. I further agree that if 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 forfeited. Should I withdraw before completing the degree program for which this scholarship is awarded, I pledge to repay The St. Joseph Hospital of Orange County Staff Nurse Scholarship Fund the sum advanced within one (1) year.

SIGNATURE: _____ **DATE:** _____

APPLICATION CHECKLIST:

Letters of Recommendation (2) _____ Resume _____ Essay _____ Income Documentation _____ W-9 _____

Return completed application to:

The St. Joseph Hospital of Orange County Staff Nurse Scholarship
c/o California Nurses Foundation
155 Grand Avenue
Oakland, CA 94612

Only completed applications received via United States mail or private letter carrier service will be accepted. All applications **MUST** be postmarked by **August 1, 2018**

FAXES, INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.