

**CALIFORNIA NURSES ASSOCIATION  
REGION 10 GANNON SCHOLARSHIP FUND  
2016-2017 Academic Year**

**PURPOSE**

The Region 10 Gannon Scholarship was established by members of the Region 10 California Nurses Association (now CNA-NNOC) to fund members in the Los Angeles County area who are enrolled in formal education programs or attending educational conferences or classes.

**GUIDELINES FOR ELIGIBILITY**

To qualify for the Region 10 Gannon Scholarship Award, you must be:

- A member of CNA-NNOC for at least the past two consecutive years, and
- Live within Los Angeles County, 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 2016/2017; OR have completed an educational class or conference between July 1, 2015 and June 30, 2016.
- 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/NNOC reimbursement guidelines.

**CRITERIA USED FOR SELECTION OF CANDIDATES**

- Completed application form with supporting materials and reference letters, including verification of acceptance in good standing to the educational program or course of selected study, with all material received by posted deadline. **One letter of reference must be from a CNA-NNOC member.** A W-9 Form must be included.
- 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, 2016**

**Your application packet MUST include the following:**

- A completed application form with W-9 Form (form can be found at [www.irs.gov](http://www.irs.gov))
- Verification of acceptance into accredited or otherwise qualified educational program OR proof of attendance of educational conference between July 1, 2015 and June 30, 2016.
- Two letters of reference, one from a CNA-NNOC member
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.
- Resume or Vitae

**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](http://www.calnurses.org)

You may also send a request for application to: CNA Region 10 Gannon Scholarship  
c/o California Nurses Foundation  
155 Grand Avenue  
Oakland CA 94612

**REGION 10 GANNON SCHOLARSHIP  
2016/2017 APPLICATION FORM**

**NOTE:** Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **August 1, 2016** to:

**Region 10 Gannon Scholarship  
c/o California Nurses Foundation,  
155 Grand Avenue, Oakland, CA, 94612.**

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**A. PERSONAL DATA**

NAME: \_\_\_\_\_ SSN: (last 4 digits only) XXX-XX- \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PRIMARY WORKPLACE: \_\_\_\_\_  
CNA MEMBER SINCE: \_\_\_\_\_

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**B. PLANS FOR STUDY & PROGRAM/TRAVEL EXPENSES**

SCHOOL/CONFERENCE PROVIDER: \_\_\_\_\_  
NAME OF PROGRAM: \_\_\_\_\_  
COURSE/PROGAM DATES: \_\_\_\_\_  
ANNUAL TUITION OR COST OF CONFERENCE: \_\_\_\_\_  
TRAVEL EXPENSES (if applicable): \_\_\_\_\_

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**C. CNA-NNOC ACTIVITIES**

List any CNA-NNOC involvement, including relevant dates, such as Nurse Rep, PPC, FBC, LUC, Board member, attendance at CNA-NNOC classes or rallies, participation in leadership or organizing activities, etc.

Description of Activity(ies)	Dates (from/to)
_____	_____
_____	_____
_____	_____

**D. NURSING AND HEALTH RELATED COMMUNITY ACTIVITIES (if applicable)**

List any health/community service projects you participated in and the inclusive dates.

Organization	Description of Activity(ies)	Dates (from/to)
_____	_____	_____
_____	_____	_____

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

E. STATEMENT OF PERSONAL AND PROFESSIONAL GOALS

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.

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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):

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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 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 forfeit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return Completed Application and enrollment documentation/receipts to:**  
**Region 10 Gannon Scholarship Fund**  
**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, 2016.**

**FAXED, INCOMPLETE or LATE APPLICATIONS WILL NOT BE CONSIDERED.**