## CALIFORNIA NURSES ASSOCIATION ALAMEDA COUNTY SCHOLARSHIP FUND 2020 - 2021 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 2020/2021; OR have completed an educational class or conference between July 1, 2019 and June 30, 2020; 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 <a href="www.irs.gov">www.irs.gov</a>
- 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 July 20, 2020

### 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 2020/2021 OR proof of attendance, including the certificate of completion if applicable, of educational conference between July 1, 2019 and June 30, 2020.
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.

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; or info@calnursesfoundation.org

# ALAMEDA COUNTY SCHOLARSHIP FUND 2020/2021 APPLICATION FORM

**NOTE:** Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **July 20, 2020** to:

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

A. <u>PERSONAL D</u>	OATA	
NAME:		SSN: (last 4 digits only) XXX-XX-
ADDRESS:		
		(evening)
EMAIL:	VDI ACE	
	KPLACE: SINCE:	
CNA MEMBER A	SINCE.	
B. PLANS FOR	STUDY & PROGRAM/TRAVEL E	XPENSES
NAME OF PROC	1	
COURSE/PROGA	AM DATES:	
IRAVEL EXPEN	1SES (11 applicable):	
C. <u>CNA-NNOC</u> A	<u>CTIVITIES</u>	
•		dates, such as Nurse Rep, PPC, FBC, LUC, Board participation in leadership or organizing activities,
Description of Ac	tivity(ies)	Dates (from/to)
D. <u>NURSING AN</u>	D HEALTH RELATED COMMUN	TY ACTIVITIES (if applicable)
List any health/co	mmunity service projects you particip	pated in and the inclusive 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)
Does your facility contract provide reimbursement for educational classes or conferences?
If yes, have you applied for and received this reimbursement? Amt Rec'd:
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 is 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:
Paturn Completed Application and approllment decumention/receipts to:
Return Completed Application and enrollment documention/receipts to:  Alameda County Scholarship Fund

Alameda County 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 <u>July 20, 2020</u>

FAXED, INCOMPLETE or LATE APPLICATIONS WILL NOT BE CONSIDERED.