

San Diego National Association of Hispanic Nurses 2016 Scholarship Application



San Diego National Association of Hispanic Nurses (SDNAHN) seeks to enhance and support the nursing profession by providing nursing students with financial assistance to complete their education. Our mission is to enhance the educational and healthcare needs of the Hispanic community. Scholarships are available any nursing student living in San Diego County who will assist us in our mission. To be eligible students must be currently enrolled in, or be accepted into an LVN, RN, Associate, Baccalaureate, Graduate, or Post-Graduate degree nursing program in San Diego County.

Eligibility Criteria

1. Attend or be accepted into an approved nursing program. The California school must meet clinical requirements of, and be approved by the California Board of Registered Nursing (BRN). Please submit proof of acceptance or attendance, i.e. recent unofficial transcripts, letter of acceptance, or letter on official letterhead by Dean or Director of Nursing Program.
2. Have a preferred GPA of at least 3.0 within the last year and 2.5 cumulative for all college credits and course work. Please submit an unofficial transcript reflecting academic work completed.
3. First time applicants need not be members of SDNAHN to apply. If awarded a scholarship, the applicant must become a member of SDNAHN. Scholarship applicants, who are SDNAHN members, should turn in a copy of their membership card with their application packet.
4. Previous SDNAHN scholarship recipients must demonstrate that they have been active by attending least two general or board meetings and have participated in at least one SDNAHN volunteer event within the past 12 months.
5. Participate in at least 20 hours of community service in the past 12 months relative to our mission. Please document those hours on the form provided with a brief description of the work done. School or work related hours will not count. You may use an additional sheet to write a brief narrative of your community service if needed. Hours that cannot be verified or are vague in description will also be excluded.
6. **Scholarship winners are required to attend the October 8, 2016 event in order to receive their award.**

Applicant Notification

Applicants who meet all of the eligibility criteria, will be evaluated based on category-specific criteria identified in this application. All applicants will be notified via email of their application results. Awards will be distributed at the annual SDNAHN scholarship awards program which will be held on October 8, 2016.

How to apply

1. Read the entire application packet carefully and fill out the enclosed application form completely.
2. Secure the necessary support documentation: membership card (if member), proof of community service form, unofficial transcript, and statement of purpose.
3. Use an additional page for the statement of purpose – computer generated, maximum of two type-written pages, 12 font, double spaced. See below for instruction on this document.
4. Please include a recent photo of yourself with the application.
5. Submit entire completed application form to: **sdnahnscholarship@yahoo.com**
Sending it electronically is the preferred method. Please send in the entire packet in ONE email titled “SCHOLARSHIP APPLICATION.”
Applications sent to any other SDNAHN email account will not be considered.
6. You may send in a paper application. Please mail the entire packet to:

**SDNAHN
PO Box 83881
San Diego, CA. 92138
Attention: Scholarship Committee**

Please do not turn in applications by both methods. In the event this happens, only one application will be reviewed at the discretion of the scholarship committee.

Application Deadline

1. Completed applications are due **September 01, 2016**. If sent electronically, they must be received by 11:59pm; if sent in mail they must be postmarked on the deadline date.
2. It is the responsibility of each applicant to ensure that all materials are completed and submitted by the deadline. SDNAHN is not responsible for materials that are misrouted, lost, or delivered late.
3. SDNAHN will not respond to any calls or emails to check on the status of application or any supporting documentation.
4. Any incomplete, late or unsigned applications will not be considered.
5. The decision of the scholarship committee is final.

SCHOLARSHIP APPLICATION

Contact Information		
Name (first, middle, last)		
Street Address/apt #		
City State ZIP Code		
Phone number		
E-Mail Address		
Ethnicity (optional)		
Member of SDNAHN?	Yes	No

School Information

School Name:	
Address/City/State/Zip:	

Degree program start date: Month/year: _____

Expected graduation date: Month/year: _____

Type of nursing program: mark w/ circle. **LVN** **ADN** **BSN** **MSN** **PhD/ DNS**

Employment Information

Employer/N/A _____

Position Title/N/A _____

Work telephone /N/A _____

Statement of Purpose

Summarize on a separate page, your career goals, community involvement, and personal / financial need. Tell the scholarship committee why you want/need/qualify for this scholarship. Please describe your future nursing leadership goals; include any involvement you have working with an underserved population. Please limit to no longer than two pages, double spaced, 12 font.

Disclosure

- Please note: SDNAHN will not disclose any contact information to any outside agency without your permission.
- If you are awarded a scholarship by this organization, SDNAHN does reserve the right to use your name, likeness and name of school you are attending on our website and other advertising and community outreach activities. In accepting the scholarship, your implied consent is given to SDNAHN to use your name and likeness as described above.
- If you are chosen as a scholarship recipient you will be will be required to attend the annual scholarship awards program in October.

Agreement and Signature

- I have read and understood the entire application packet and agree to the conditions therein.
- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in loss of my scholarship.
- If asked, I agree to provide substantiation of the information that I have given on this form.
- If you submit this form electronically, you may scan a signed copy or type in your name on the signature line and send from your email of choice. This will be considered a legal signature for the application.

Name (printed)	
Signature	
Date	

Thank-you!

Thank you for completing this application form and for your interest in SDNAHN. Good luck! 4/30/16



**San Diego National Association of Hispanic Nurses
 Student Scholarship Application 2016
 Community Service Documentation**

Date/Hours	Brief description of volunteer work	Agency / Contact person Phone # / email or signature
TotalHours: _____		

**Previous awardees or active members:
 Please indicate dates of attendance at general/board meetings**

Date of Meeting	General / Board / committee meeting

Applicants may submit any certificates or attendance sheets of volunteer activities in lieu of this form. You may use an additional sheet if needed.