

APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM COMPLETELY AND ACCURATELY.

ALL REQUESTED INFORMATION IS MANDATORY. Incomplete or incorrect information will delay processing of your application. Be sure to read the entire application packet carefully before completing this form. Return your completed application to the address above postmarked by **April 17, 2006**. If you have any questions about this application, contact the chooseNursing.com at (510) 625-7109.

The focus of this scholarship is to support nursing students from economically disadvantaged backgrounds, and those who are part of a group that is currently underrepresented in the nursing profession in California.

1. GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female

1(a) Applicant's Address and Telephone Number
(If using a P.O. Box, a street address is also required)

STREET ADDRESS	APT #
CITY	STATE
	ZIPCODE
DAYTIME PHONE ()	EVENING PHONE ()

1(b) Alternate Contact Person – MANDATORY
(Address and phone # MUST be different from applicant's)

NAME	RELATIONSHIP TO APPLICANT
STREET ADDRESS	CITY
	STATE
HOME PHONE ()	ZIPCODE

E-MAIL ADDRESS:

1(c) All applicants must be citizens of the United States or have Permanent Visa Status.

U.S. Citizen ☐ Y ☐ N Eligible Non-Citizen # _____ (Provide a copy of the Visa card.)

1(d) PRIVACY NOTIFICATION STATEMENT. The Coalition for Nursing Careers in California is subject to Title VII of the Civil Rights Act of 1964, Executive Order 11246, the California Fair Employment and Housing Act, and regulations implementing these laws. We request the information on this form to conduct statistical research and analyses in accordance with the laws and regulations noted above. **There is no requirement that you complete this section.** However, your cooperation will enable us to meet our obligations under these laws. This information will be treated in a confidential manner. However, the information may be used to compile statistical reports and analyses for our Affirmative Action Programs and is available to Governmental Agencies responsible for the enforcement of certain Civil Rights laws, at their request.

☐ AFRICAN-AMERICAN ☐ ASIAN / PACIFIC ISLANDER ☐ NATIVE AMERICAN / NATIVE ALASKAN ☐ HISPANIC ☐ CAUCASIAN ☐ OTHER: _____

2. SCHOOL INFORMATION

School name: _____

Major/type of degree: ☐ ADN ☐ BSN ☐ Other: _____

Nursing major GPA: _____ Expected graduation date: ____ / ____ / ____ (no earlier than 12/06)

3. EMPLOYMENT INFORMATION

Are you currently employed? ☐ YES ☐ NO (if your answer was **no**, proceed to section 4)

EMPLOYER	POSITION TITLE	WORK TELEPHONE #
		()

4. FINANCIAL INFORMATION

★ VERY IMPORTANT: YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING DOCUMENTATION

I have attached (check one):

☐ A copy of pages 1 and 2 of my **2005 Federal Income Tax Return** (1040, 1040EZ, 1040A, etc.)

 ⤵ A tax return from a prior year is not acceptable.

 ⤵ A W-2 form is not acceptable.

 ⤵ If you were listed as a dependent on someone else's tax return, attach a copy of their 1040 form.

☐ A **Financial Statement Form** (included with the application packet)

 ⤵ You may only use the Financial Statement Form if you were not required to file a 2005 Federal Income Tax Return.

★ IF YOU ARE NOT SURE WHAT YOU SHOULD SEND, CALL chooseNursing.com at (510) 625-7109

4. FINANCIAL INFORMATION (CONTINUED)

NON-SALARY SOURCES OF INCOME/FINANCIAL AID (check all that apply):

<input type="checkbox"/> Parents <input type="checkbox"/> Tuition and books <input type="checkbox"/> Living Expenses <input type="checkbox"/> Other: _____	<input type="checkbox"/> Student Loans Amount for 2006: \$ _____ List source(s): _____ _____	<input type="checkbox"/> Other Scholarships/Grants Amount for 2006: \$ _____ List source(s): _____ _____
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☐ **Other sources of income:** _____
_____**5. STATEMENT OF PURPOSE**

On a separate sheet of paper, please discuss why you feel you qualify for this scholarship based on the criteria identified in the Program Overview. Your statement must be typewritten, roughly 500 words in length (no longer than one side of a page), and should address the following:

- What led you to choose a career in nursing?
- What obstacles or challenges have you faced and overcome to get where you are today?
- What are your professional goals or aspirations for your nursing career?

How did you learn about this scholarship opportunity?

- | | |
|---|---|
| <input type="checkbox"/> NurseWeek Magazine | <input type="checkbox"/> Faculty member |
| <input type="checkbox"/> www.chooseNursing.org | <input type="checkbox"/> Student bulletin board |
| <input type="checkbox"/> The Ambassador Program | <input type="checkbox"/> Other: _____ |

6. CERTIFICATION

All of the information on this Form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this Form.

APPLICANT'S SIGNATURE

DATE

X

**SUBMIT COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTATION
TO THE ADDRESS AT THE TOP OF THE FIRST PAGE POSTMARKED BY APRIL 17, 2006**

7. ACADEMIC VERIFICATION**THIS SECTION MUST BE COMPLETED BY DEPARTMENT CHAIRPERSON/PROGRAM DIRECTOR OR DESIGNEE**

CUMULATIVE GPA: _____ (minimum 2.5)
EXPECTED DATE OF GRADUATION: _____ (no earlier than 6/05)

☐ PLEASE AFFIX YOUR INSTITUTION'S
OFFICIAL SEAL BELOW**Department Chairperson or Designee** (please check one):

- ☐ I certify that I am the Department Chairperson/Program Director.
☐ I certify that I am authorized to sign this document on behalf of the
Department Chairperson/Program Director.

Name: _____

Title: _____

Signature: _____ Date: _____

FINANCIAL STATEMENT

Complete this form only if you were not required to file a 2005 **Federal Income Tax Return** (1040, 1040EZ, 1040A, etc.). If you were listed as a dependent on someone else's return, please submit a copy of that person's 2005 return.

✪ If your 2005 Federal Income Tax Return is attached, you are not required to complete this form ✪

✪ If you are not sure what form you should include with your application, call us at (510) 625-7109 ✪

1. GENERAL INFORMATION

Name: _____
Last First

School Name: _____

I was not required to file a 2005 Federal Income Tax Return because (please check all those apply):

- ☐ My 2005 income was below the minimum required by the IRS.
- ☐ My only 2005 income was federal aid.
- ☐ I was listed as a dependent on someone else's (parent, spouse, guardian, etc.) 2005 income tax return.
- ✪ **STOP! This form is not acceptable evidence of income.** You must provide a copy of that person's tax return.
- ☐ I have not filed my 2005 taxes yet.
- ✪ **STOP! This form is not acceptable evidence of income.** A copy of your Federal Income Tax return is required to apply for this scholarship.
- ☐ Other: _____

Total 2005 Income: \$ _____

Marital Status: ☐ Single ☐ Married

2. DEPENDENT INFORMATION

Please list all persons for whom you are financially responsible, including yourself, if applicable (use the reverse of this page if necessary).

#	Name	Relationship to you
1		
2		
3		
4		
5		

3. CERTIFICATION



All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form and failure to provide substantiation could jeopardize further processing of this application.

APPLICANT'S SIGNATURE

DATE

X

ATTACH THIS FORM TO YOUR APPLICATION AND SUBMIT THE ENTIRE PACKET TO CHOOSENURSING.COM

Program Overview

The Coalition for Nursing Careers in California (CNCC) is committed to achieving an adequate and diverse nursing workforce for the state of California. In collaboration with NurseWeek and chooseNursing.com, the Coalition is pleased to offer scholarships for students in accredited nursing programs across California in 2006-07. The \$2,000 scholarships will be awarded to nursing students twice per year with demonstrated financial need who best exhibit one or more of the following attributes:

- Academic achievement
- Health care involvement
- Enthusiasm or passion for nursing

Eligibility

All applicants must meet the following eligibility requirements:

- Not yet possess a RN license.
- Current enrollment in an accredited Associate or Baccalaureate nursing degree program in California.
- Plan to graduate **no earlier** than December 2006.
- Have a cumulative GPA of at least 2.5.
- Income for 2005 must not exceed \$50,000 per family member (total combined family income divided by number of family members).

Application Instructions

1. Fill out the enclosed application form completely and accurately — **please type or print**. Use an additional page for the **Statement of Purpose**.
2. Ask your nursing program director or designee to complete Section 7 and **affix** the school's official seal, and return the form to you.
3. Give the Recommendation Forms included with this packet to two (2) academic or clinical instructors and ask them to complete and return it to the chooseNursing.com on your behalf.
4. Be sure to enclose one of the following with your application:
 - Pages 1 and 2 of your 2005 Federal Income Tax Form (1040, 1040A, 1040EZ)
 - A completed Financial Statement (Page 2 of this packet)
5. Submit your completed application form and supplemental documents, must be postmarked by **April 17, 2006**.

chooseNursing.com
1800 Harrison Street, 17th Floor
Oakland, CA 94612

6. **Please note: It is your responsibility to ensure that all materials are completed and submitted on time**, even if another individual or institution submits them on your behalf. Incomplete or late applications will not be considered.

If you have any questions about the program, please call the chooseNursing.com at (510) 625-7109. Please feel free to duplicate all the application materials needed.

RECOMMENDATION FORM FOR: _____
Applicant's Name

This application must be postmarked no later than April 17, 2006. Please note that a late or incomplete Recommendation Form will disqualify the applicant.

Recommender's Name: (please print) _____		
Title: (please print) _____		
_____ <i>Recommender's Signature</i>	_____ <i>Date</i>	_____ <i>Phone Number</i>
Relationship to Applicant (please check one): <input type="checkbox"/> Lecture instructor <input type="checkbox"/> Clinical Instructor <input type="checkbox"/> Other (specify) _____		
How long and in what specific capacity have you known the applicant? _____		

To the Recommender: The Coalition for Nursing Careers in California (CNCC) Scholarship Program is committed to achieving an adequate and diverse nursing workforce for the state of California. In collaboration with NurseWeek and chooseNursing.com, the Coalition is pleased to offer scholarships for students in accredited nursing programs across California in 2006-07. The \$2,000 scholarships will be awarded to five worthy nursing students with demonstrated financial need who best exhibit one or more of the following attributes:

- Academic achievement
- Health care involvement
- Enthusiasm or passion for nursing

Applicants to the chooseNursing.com Scholarship are required to submit two (2) confidential references. Please complete this form, keeping in mind this applicant's qualification for the scholarship with regard to one or more of the three qualities mentioned above.

Instructions: For each indicator, circle the number on the scale at right that best describes your experience with this applicant and make additional comments, if desired, in the space provided in each section. If you indicate that you are unable to assess the applicant on any trait, please note the reason. Feel free to attach additional pages as needed for further comments.

When complete, please mail this form directly to: chooseNursing.com, 1800 Harrison Street, 17th Floor, Oakland, CA 94612, **postmarked no later than April 17, 2006**. You may also fax your Recommendation by April 17, 2006 to (510) 625-2359. **Please note that a late or incomplete Recommendation form will disqualify the applicant.**

We appreciate your taking the time to complete this Recommendation form on behalf of the applicant. If you have questions, please call the chooseNursing.com at (510) 625-7109.

Name: _____

A. PERSONAL ATTRIBUTES

Indicators:	Score (Circle one)					
	<i>very weakly present</i>	<i>weakly present</i>	<i>moderately present</i>	<i>strongly present</i>	<i>very strongly present</i>	<i>Not Applicable</i>
• Demonstrates integrity and honesty	1	2	3	4	5	N/A
• Exhibits responsibility and accountability	1	2	3	4	5	N/A
• Communicates effectively and professionally with classmates and instructors	1	2	3	4	5	N/A
• Evidence of leadership qualities in community and college activities	1	2	3	4	5	N/A
• Works well in groups (either classroom or clinical setting)	1	2	3	4	5	N/A
• Awareness of current nursing issues	1	2	3	4	5	N/A
Additional Comments:						

B. ACADEMIC/CLINICAL ACHIEVEMENT

Indicators:	Score (Circle one)					
	<i>very weakly present</i>	<i>weakly present</i>	<i>moderately present</i>	<i>strongly present</i>	<i>very strongly present</i>	<i>Not Applicable</i>
• Demonstrates a commitment to achieving and maintaining good scholastic standing	1	2	3	4	5	N/A
• Demonstrates enthusiasm and compassion when providing patient care	1	2	3	4	5	N/A
• Provides individualized care for assigned patients	1	2	3	4	5	N/A
• Exhibits sensitivity when dealing with patients from a variety of backgrounds and circumstances	1	2	3	4	5	N/A
• Demonstrates a knowledge of policies and academic standards established by the nursing program	1	2	3	4	5	N/A
• Demonstrates critical-thinking skills when problem-solving	1	2	3	4	5	N/A
• Demonstrates organization and time management skills	1	2	3	4	5	N/A
Additional Comments:						

Name: _____

C. COMMITMENT TO LEARNING

Indicators:	Score (Circle one)					
	<i>very weakly present</i>	<i>weakly present</i>	<i>moderately present</i>	<i>strongly present</i>	<i>very strongly present</i>	<i>Not Applicable</i>
• Actively pursues knowledge above and beyond requirements for the course	1	2	3	4	5	N/A
• Has received previous academic or community awards/honors	1	2	3	4	5	N/A
• Is a receptive listener who shows interest in learning	1	2	3	4	5	N/A
• Participates in or leads nursing study groups	1	2	3	4	5	N/A
Additional Comments:						

D. OVERALL ASSESSMENT

Indicators:	Score (Circle one)					
	<i>poor</i>	<i>fair</i>	<i>average</i>	<i>good</i>	<i>excellent</i>	<i>Unable to Assess</i>
• What is your overall assessment of the applicant?	1	2	3	4	5	U/A
• Based on your observations, would you recommend the applicant for a scholarship?	<i>definitely not</i>	<i>probably not</i>	<i>maybe</i>	<i>probably</i>	<i>without hesitation</i>	<i>Unable to Assess</i>
	1	2	3	4	5	U/A
Comments (attach additional pages as needed):						

When complete, please mail or fax this form by **April 17, 2006** to:
 chooseNursing.com, 1800 Harrison Street, 17th Floor, Oakland, CA 94612
Fax: (510) 625-2359 Phone: (510) 625-7109

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