



California Federation of Women's Clubs

Member: General Federation of Women's Clubs, Int'l.

San Bernardino District No. 21



NURSES SCHOLARSHIP FUND APPLICATION

Purpose: This fund shall be established for the purpose of granting scholarships to qualified students pursuing a career as a Registered Nurse.

Name: _____ SS# _____ DATE: _____ 201__

Address: _____ City: _____ Zip: _____

Phone No.: (_____) _____ Birth Date: _____ Sex: M F

Nursing College where applicant has applied/is attending: _____

Address of college: _____ Zip: _____

Date of entrance in Registered Nursing Program: _____

Date scheduled to complete the RN Program: _____

There are no restrictions as to age, race, sex, color, or creed.

Marital Status: _____ Number of Dependents: _____ Ages of Dependents: _____

Other scholarships or awards previously granted, give name of organization(s), date covered, and amount(s).

QUALIFICATIONS:

1. Applicant must be a LEGAL resident of the State of California, for one year, with preference going to a resident of San Bernardino County.
2. An applicant or scholarship recipient must be enrolled as a full-time nursing student in an accredited Registered Nursing Program at an accredited college.
3. A minimum GPA of 3.00 is required to qualify.

REQUIRED SUBMISSIONS:

- A. A letter of acceptance from an accredited College of Nursing in California, on school letterhead, must be submitted. (This can be a copy of the acceptance letter that you received.)
- B. An official transcript of all college grades to date that also includes the computed GPA. A work-in-progress report of courses the student is currently taking (if applicable).
- C. Two letters of recommendation from nursing course instructors.

D. The applicant is to attach a statement of at least two hundred words that should address each of the following questions.

1. What led you to choose nursing as a career choice?
2. Why do you wish to continue your education?
3. What are your future educational or vocational plans?
4. What is the reason for applying for a scholarship?

E. Submit a financial statement. Include the following:

1. Household size with income from other adults indicated,
2. Estimated current year (2011) income for 12 months,
3. Itemized monthly budget of expenses.

F. Explain circumstances which support your application. Include any extenuating circumstances or problems that are a financial burden (family illness, handicaps, etc.).

FURTHER INSTRUCTIONS:

1. Identify each page with your name and which part A-F in the upper right hand corner of the appropriate page(s).
2. The complete application must be postmarked no later than February 1, 2011 to
CFWC San Bernardino District 21
Nurses Scholarship Fund Committee
Mary O'Neil, Chairman
5656 Hellman Avenue
Alta Loma, CA 91737
3. Scholarship recipients will be notified by the chairman of the Scholarship Committee.

I understand that copies of this information and my academic transcript may be released to the scholarship committee members for consideration.

Applicant's signature

Date

ALL REQUIREMENTS MUST BE MET OR YOUR APPLICATION WILL AUTOMATICALLY BE REJECTED.