February 19, 2016

Dear Chaffey College Nursing Department,

Enclosed you will find a copy of the Nursing Scholarship Application sponsored by the California Federation of Women’s Clubs, San Bernardino District. Our Nursing Scholarship is an important part of the San Bernardino District’s philanthropy program. Last year we awarded two $1000 and one $500 scholarships. The scholarship money is sent to the college's foundation who in turn distributes it to the winner: half for the first semester and the remaining half for the second semester that the nursing student is enrolled. Three $1000 scholarships are available for 2016.

The San Bernardino District Nurses Scholarship shall be disbursed in allocations of $500 (total $1,000) per semester that the applicant is enrolled in a nursing program.

Please make copies of this application as needed and make them available to the Registered Nursing Program students at your college. Please caution the applicants that all requested information must be provided, otherwise they will be subject to disqualification.

Completed applications must be postmarked not later than April 30, 2016. Applications postmarked after this date will not be considered.

Applications are to be mailed to:

Mrs. Mary O’Neil
5656 Hellman Avenue
Alta Loma, CA 91737

If you have any questions, please contact me at (909) 941-1352 or e-mail me at cucamonga@att.net. Since I do not open e-mails that I do not recognize, please identify yourself and the subject. Thank you for distributing the applications.

Sincerely,

Mary O’Neil
Chairman Nursing Scholarship
San Bernardino District
2014-2016
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. (Write/print legibly.)

Name: _______________________________ Student ID #: ____________________ DATE: __________ 2016

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).

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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/university.

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 (2014) 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. As an aid to insuring that all requirements are met, it is suggested that you identify each page with your name and which part A-F in the upper right hand corner of the appropriate page(s). For official transcripts or other letters sealed in an envelope, the letter can be written on the outside of the envelope.

2. The complete application must be postmarked no later than April 30, 2016 to
   CFWC San Bernardino District
   Nurses Scholarship 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.

4. Half of the scholarship money is awarded for the first semester and the remaining half for the second semester that the student is enrolled in the nursing program. The scholarship is administered by the college’s foundation.

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 MAY BE DISQUALIFIED.