

California Nurses Association/NNOC | 2019- Sandra R. Spaulding Memorial Scholarship Fund | 2020

PURPOSE:

Originally established at the 1985 CNA House of Delegates, the California Nurses Association/National Nurses Organizing Committee (CNA/NNOC) Sandra R. Spaulding Memorial Scholarship Fund is intended to encourage ethnic and socio-economic diversity in nursing.

GUIDELINES FOR ELIGIBILITY:

To qualify for the Scholarship Award, you must be:

- Enrolled in the second year of a two-year accredited Associated Degree Nursing (A.D.N.) Program located in a state with hospital facilities represented by CNA/NNOC (currently AL, CA, CO, DC, FL, GA, IA, IL, KS, KY, ME, MO, NV, NC, NY, OH, TX, and WV); and
- Enrolled in at least half-time study, as defined by the student's institutions, and
- Planning to complete the degree program within two (2) years.

CRITERIA USED FOR SELECTION OF CANDIDATES:

1. Complete application form with supporting materials and reference letters, with all materials received by posted deadline.
2. Commitment and active participation in nursing and health related organizations.
3. Professional vision and direction.
4. Financial need.

APPLICATION:

Application must be postmarked by **July 1, 2019**

Your application packet MUST include the following:

- A completed application
- Two letters of recommendation on letterhead dated and signed within one year prior to the final filing date, which must be attached to the completed application. (The following areas must be covered by these letters of recommendation: academic ability, personal commitment to the field of study.)
- Verification of acceptance into accredited A.D.N. degree program
- A one page typed essay describing personal and professional goals.
- Copy of 2018 tax return (Form 1040 only) OR verification of income (if no tax return was filed) OR copy of parent/guardian 2018 tax return (if applicant is claimed as dependent.)
- Copy of transcript from first completed year of nursing program.
- Completed W-9 form (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)

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 an application to: Sandra R. Spaulding Memorial Scholarship
c/o California Nurses Foundation
155 Grand Avenue
Oakland, CA 94612
info@calnursesfoundation.org

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NOTE: Please **PRINT or TYPE** all information **IN BLACK INK**. Return this form with supporting materials and reference letters, postmarked by **July 1, 2019** to:

Sandra R. Spaulding Memorial Scholarship
c/o California Nurses Foundation
155 Grand Avenue
Oakland, CA 94612

I. PERSONAL DATA:

NAME: _____
ADDRESS: _____ City: _____ State: _____ Zip: _____
PHONE: (day) _____ (evening) _____
EMAIL ADDRESS: _____

II. EDUCATION:

Please list all schools attended including high school:

School/Location	Area of study (if applicable)	Degree	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheets if necessary)

III. PLANS FOR STUDY:

SCHOOL/LOCATION: _____
NAME OF PROGRAM: _____
LENGTH OF PROGRAM: _____ PROGRAM START DATE: _____
ANTICIPATED GRADUATION DATE: _____
Will you be enrolled for at least ½ time during the 2019/2020 academic year? _____ If no, explain: _____

IV. NURSING AND HEALTH RELATED COMMUNITY ACTIVITIES (if applicable):

List any community service projects you participated in and the inclusive dates:

Organization	Description of Activity(ies)	Dates (from/to)
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary)

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V. WORK EXPERIENCE (if applicable) – Please attach a current resume, listing at least last two employers including current

V. FINANCE (attach tax forms or other income documentation):

TUITION: _____

OTHER EXPENSES: _____

MARITAL STATUS: _____ DEPENDENTS/AGES: _____

DESCRIBE FINANCIAL NEEDS: _____

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): _____

VI. STATEMENT OF PERSONAL AND PROFESSIONAL GOALS:

Please attach a typed, one page essay to support your application, describing your personal and professional goals.

VII. AGREEMENT:

I verify that the above information is true and correct to the best of my knowledge, and agree to notify C.N.A. immediately if there is any change in my enrollment, financial or other information submitted. I further agree that if 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 forfeited. Should I withdraw before completing the degree program for which this scholarship is awarded, I pledge to repay the Sandra R. Spaulding Scholarship Fund the sum advanced within one (1) year.

SIGNATURE: _____ **DATE:** _____

APPLICATION CHECKLIST:

Letters of Recommendation (2) _____ Resume _____ Essay _____ Income Documentation _____ W9 _____

Verification of acceptance: _____ Current school transcript _____

Return completed application to:

Sandra R. Spaulding Memorial 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 **July 1, 2019.**

FAXES, INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.