

**CALIFORNIA NURSES ASSOCIATION  
ALAMEDA COUNTY SCHOLARSHIP FUND  
2019 - 2020 Academic Year**

**PURPOSE**

The Alameda County scholarship was established in 1927 by members of the Alameda County Nurses Association to fund members enrolled in formal education programs, attending educational conferences or classes, or engaged in health educational efforts in underserved communities.

**GUIDELINES FOR ELIGIBILITY**

To qualify for an Alameda County Scholarship Award, you must be:

- A member of CNA-NNOC who is working at a facility located in Alameda County, CA for at least the past two consecutive years, and
- Plans for study or conference/class attended are directly relevant to the needs of direct care nurses, and
- Accepted for admission to an accredited or otherwise qualified educational institution for academic year 2019/2020; OR have completed an educational class or conference between July 1, 2018 and June 30, 2019; OR be engaged in health education effort in underserved communities.
- Travel expenses will be eligible for award monies provided that the approved program is unique in nature and is only offered in the location necessitating the travel expenses. Awards for expenses will be capped pursuant to current CNA reimbursement guidelines.

**CRITERIA USED FOR SELECTION OF CANDIDATES**

- Completed application form with supporting materials, including verification of acceptance in good standing to the educational program or course of selected study, with all material received by posted deadline. A W-9 Form must be attached. Current W-9 form can be found at [www.irs.gov](http://www.irs.gov)
- Experience as a bedside RN
- Commitment and active participation in CNA-NNOC and/or nursing and health related organizations.
- Professional vision and direction as expressed in submitted essay.

**APPLICATION**

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

**Your application packet MUST include the following:**

- A completed application form with W-9 Form.
- Verification of acceptance into accredited or otherwise qualified educational program for the academic year 2019/2020 OR proof of attendance of educational conference between July 1, 2018 and June 30, 2019.
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.

**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](http://www.calnurses.org)

You may also send a request for application to: CNA Alameda County Scholarship Program  
c/o California Nurses Foundation  
155 Grand Avenue  
Oakland CA 94612  
[info@calnursesfoundation.org](mailto:info@calnursesfoundation.org)

**ALAMEDA COUNTY SCHOLARSHIP FUND  
2019/2020 APPLICATION FORM**

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

**Alameda County Scholarship Fund  
c/o California Nurses Foundation,  
155 Grand Avenue, Oakland, CA, 94612.**

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**A. PERSONAL DATA**

NAME: \_\_\_\_\_ SSN: (last 4 digits only) XXX-XX- \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: (day) \_\_\_\_\_ (evening) \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PRIMARY WORKPLACE: \_\_\_\_\_  
CNA MEMBER SINCE: \_\_\_\_\_

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**B. PLANS FOR STUDY & PROGRAM/TRAVEL EXPENSES**

SCHOOL/CONFERENCE PROVIDER: \_\_\_\_\_  
NAME OF PROGRAM: \_\_\_\_\_  
COURSE/PROGAM DATES: \_\_\_\_\_  
ANNUAL TUITION OR COST OF CONFERENCE: \_\_\_\_\_  
TRAVEL EXPENSES (if applicable): \_\_\_\_\_

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**C. CNA-NNOC ACTIVITIES**

List any CNA-NNOC involvement, including relevant dates, such as Nurse Rep, PPC, FBC, LUC, Board member, attendance at CNA-NNOC classes or rallies, participation in leadership or organizing activities, etc.

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

**D. NURSING AND HEALTH RELATED COMMUNITY ACTIVITIES (if applicable)**

List any health/community service projects you participated in and the inclusive dates.

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

*(Attach additional sheets for items C and D as necessary)*

E. STATEMENT OF PERSONAL AND PROFESSIONAL GOALS

Please describe how the program advances your personal and/or professional goals, and how this program advances patient care, health care in general and/or the profession of nursing. Use only the space provided below.

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Have you applied to any other CNA-NNOC scholarship program for this academic year? \_\_\_\_\_

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):

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Does your facility contract provide reimbursement for educational classes or conferences? \_\_\_\_\_

If yes, have you applied for and received this reimbursement? \_\_\_\_\_ Amt Rec'd: \_\_\_\_\_

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F. AGREEMENT

I verify that the above information is true and correct to the best of my knowledge, and agree to notify CNA 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 forfeit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Return Completed Application and enrollment documentation/receipts to:**  
**Alameda County 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**

**FAXED, INCOMPLETE or LATE APPLICATIONS WILL NOT BE CONSIDERED.**