

**CALIFORNIA NURSES ASSOCIATION
MARTHA HORTON SCHOLARSHIP FUND
2019 - 2020 Academic Year**

PURPOSE

The Martha Horton Scholarship was established in 2002 to encourage ethnic and socio-economic diversity in nursing. The scholarship is intended to support those accepted for admission to a 2 year accredited Associate Degree Nursing Program and planning to complete the degree program within two years. Applicants must live in Marin, Sonoma, Napa, Humboldt, Mendocino, Contra Costa, or Solano County.

GUIDELINES FOR ELIGIBILITY

To qualify for the Martha Horton Scholarship Award, you must be:

- Accepted for admission to an accredited Associate Degree Nursing program for academic year 2019/2020; AND planning to complete the degree program within two (2) years, and
- Live in Marin, Sonoma, Napa, Humboldt, Mendocino, Contra Costa, or Solano County.

CRITERIA USED FOR SELECTION OF CANDIDATES

- Completed application form with supporting materials and reference letters, including verification of acceptance in good standing to the educational program with all material received by posted deadline. **One letter of reference must be from a CNA-NNOC member.**
- Professional vision and direction as expressed in submitted essay.
- Financial need.

APPLICATION

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

Your application packet MUST include the following:

- A completed application form.
- Verification of acceptance into an accredited Associate Degree Nursing program
- Two letters of reference, including one from a CNA-NNOC member, dated and signed within one year prior to the final filing date. These letters of recommendation must be included with the application form and cover the following areas:
 - Academic ability
 - Personal commitment to the field of study.
- A one page typed essay describing personal and professional goals.
- A current resume
- 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.
- Completed W-9 form

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 application to: Martha Horton Scholarship Program
c/o California Nurses Foundation
155 Grand Avenue
Oakland CA 94612
info@calnursesfoundation.org

**MARTHA HORTON SCHOLARSHIP
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:

**Martha Horton Scholarship
c/o California Nurses Foundation,
155 Grand Avenue, Oakland, CA, 94612.**

A. PERSONAL DATA

NAME: _____ SSN: (last 4 digits only) XXX-XX-_____
ADDRESS: _____ City: _____ Zip: _____
PHONE: (day) _____ (evening) _____
EMAIL: _____

B. EDUCATION

Please list all schools attended including high school:

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

C. PLANS FOR STUDY

SCHOOL: _____
NAME OF PROGRAM: _____
LENGTH OF COURSE: _____
ANTICIPATED GRADUATION DATE: _____

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 B, C and D as necessary)

E. WORK EXPERIENCE (if applicable)

Please list the last two positions held including present one. **Attach a current resume to this application.**

1. TITLE/POSITION: _____
COMPANY: _____
ADDRESS: _____
DATE EMPLOYED FROM: _____ TO: _____

2. TITLE/POSITION: _____
COMPANY: _____
ADDRESS: _____
DATE EMPLOYED FROM: _____ TO: _____

F. 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):

G. STATEMENT OF PERSONAL AND PROFESSIONAL GOALS

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

H. 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 forfeited.

SIGNATURE: _____ DATE: _____

APPLICATION CHECKLIST:

_____ Letters of recommendation (2) _____ Resume _____ Essay _____ Income Documents _____ Completed W-9 form

Return Completed Application and enrollment documentation/receipts to:

**Martha Horton 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.