

**CALIFORNIA NURSES ASSOCIATION  
REGION 10 GANNON SCHOLARSHIP FUND  
2020/2021 Academic Year**

**PURPOSE**

The Region 10 Gannon Scholarship was established by members of the Region 10 California Nurses Association (now CNA-NNOC) to fund members in the Los Angeles County area who are enrolled in formal education programs or attending educational conferences or classes.

**GUIDELINES FOR ELIGIBILITY**

To qualify for the Region 10 Gannon Scholarship Award, you must be:

- A member of CNA-NNOC for at least the past two consecutive years, and
- Live within Los Angeles County, 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 2020/2021; OR have completed an educational class or conference between July 1, 2019 and June 30, 2020.
- 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/NNOC reimbursement guidelines.

**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 or course of selected study, with all material received by posted deadline. **One letter of reference must be from a CNA-NNOC member.** A W-9 Form must be included.
- 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 20, 2020**

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

- A completed application form with W-9 Form (form can be found at [www.irs.gov](http://www.irs.gov))
- Verification of acceptance into accredited or otherwise qualified educational program for the 2020/2021 academic year, OR proof of attendance of educational conference between July 1, 2019 and June 30, 2020.
- Two letters of reference, one from a CNA-NNOC member
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.
- Resume or Curriculum Vitae

**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), or by sending an email request to [info@calnurses.foundation.org](mailto:info@calnurses.foundation.org). You may also send a request for application to: CNA Region 10 Gannon Scholarship, c/o California Nurses Foundation, 155 Grand Avenue, Oakland CA 94612

**REGION 10 GANNON SCHOLARSHIP  
2020/2021 APPLICATION FORM**

**NOTE:** Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **July 20, 2020** to:

**Region 10 Gannon Scholarship  
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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
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)*

