

**CALIFORNIA NURSES ASSOCIATION
SANDRA R. SPAULDING MEMORIAL SCHOLARSHIP FUND
2009-2010 Academic Year**

PURPOSE

Originally established at the 1985 CNA House of Delegates, the California Nurses Association 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:
- Accepted for admission to a second year accredited ADN degree program, and
- enrolled in at least half-time study, as defined by the student's institution, and
- Planning to complete the degree program within two (2) years.

CRITERIA USED FOR SELECTION OF CANDIDATES

1. Completed 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

Applications must be postmarked by **July 1, 2009**

Your application packet MUST include the following:

- A completed application form.
- 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 second year accredited ADN degree program.
- A one page typed essay describing personal and professional goals.
- Copy of 2008 tax return OR verification of income (if no tax return was filed) OR copy of parent/guardian 2008 tax return (if applicant is claimed as dependent.)
- Copy of transcript from first completed year of nursing program.

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: Sandra R. Spaulding Memorial Scholarship
c/o California Nurses Association
2000 Franklin St.
Oakland CA 94612

**SANDRA R. SPAULDING MEMORIAL SCHOLARSHIP
APPLICATION FORM**

NOTE: Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **July 1, 2009** to:

**Sandra R. Spaulding Memorial Scholarship
c/o California Nurses Association,
2000 Franklin Street, Oakland, CA, 94612.**

I. PERSONAL DATA

NAME: _____ SSN _____
ADDRESS: _____
PHONE: (day) _____ (evening) _____

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.

B. PLANS FOR STUDY

SCHOOL: _____
NAME OF PROGRAM: _____
Length of Course _____
Anticipated Graduation Date: _____

III. 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 as necessary)

IV. WORK EXPERIENCE (if applicable)

Please list last two positions held including present one, and attach to this application a current resume:

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

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

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): _____

VIII. STATEMENT OF PERSONAL AND PROFESSIONAL GOALS

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

IX. 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: _____

APPLICATION CHECKLIST:
_____ Letters of Recommendation (2) _____ Resume _____ Essay _____ Income Documentation

Return Completed Application to:

**Sandra R. Spaulding Memorial Scholarship Fund
c/o California Nurses Association
2000 Franklin Street 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, 2009.**

FAXES, INCOMPLETE or LATE APPLICATIONS WILL NOT BE CONSIDERED.