KAISER FOUNDATION SCHOOL OF NURSING
ALUMNI ASSOCIATION SCHOLARSHIP

To be considered for a Scholarship from the Kaiser Foundation School of Nursing Alumni Association (KFSNAA), the Applicant must meet the following criteria:

1. Enrolled in an accredited Nursing program (AD, BSN, MSN, DNP, or PH.D Nursing). Accreditation may be through the NLN, AACN, or the California Board of Registered Nursing.
2. GPA 3.0 or higher
3. Second year (or higher) of RN pre-licensure nursing program or if in post-licensure program has passed NCLEX

Submit by: **JUNE 30, 2020** the following:

- Application (see below)
- Official GPA Transcript from the Office of the Registrar.
- A letter of recommendation from a Registered Nurse who can address how the Applicant may be expected to advance the profession of nursing.
- A W-9 form from the school’s Financial Aid office in order to expedite funding of scholarships.
- A letter from the Applicant that includes statements regarding:
  1. why he/she has chosen nursing as a career.
  2. expectations/aspirations for how one’s career will contribute to the profession, or to the health of one’s community.
  3. a description of financial need.

KFSNAA NURSING SCHOLARSHIP APPLICATION

Kaiser Foundation School of Nursing Alumni Association/Nursing Education Heritage Project
2372 Westcliffe Lane, Walnut Creek, CA 94597-3375
STUDENT INFORMATION

Applicant Name: ____________________________

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Mailing Address: ____________________________________________________________

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Phone: _____________________________ E-mail: _____________________________

SCHOOL INFORMATION

College/Program Name ____________________________ Enrollment Statement Enclosed ______

Type of Nursing Program (please check): ADN ___ LVN to RN ___ BSN ___ ADN to BSN ___
ADN to MSN ___ MSN ___ DNP ___ PhD ___ Other (specify) _____________________________

Year in nursing program ____________________________ Anticipated Date of Completion ______

Please include your student ID number _____________________________

Name of the School of Nursing where the scholarship check should be sent: ____________________________

Contact Person’s Name, at the school, to whom the check should be sent: ____________________________

Mailing Address: ____________________________________________________________

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Phone _____________________________ E-mail _____________________________

How you heard about the scholarship ____________________________________________

Send the above to: KFSNAA Scholarships
1130 Laurel Dr.
Lafayette, CA 94549

The Scholarship Committee will review applications for qualified applicants and make Recipient recommendations to the KFSNAA Board for final approval. The amount of the Scholarship will be determined by the funds available and number of qualified applicants. Written Notification of the awards will be made to the Recipients. **Funds awarded will be sent to the school, to be used toward the student’s tuition.** Applicant agrees to follow-up with the Alumni Association one year after receiving scholarship to describe progress in the profession and/or in school.

Initially Adopted: 04/1997 Revised/Amended: 01/2020