



## 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)**
- **Proof of Enrollment – An “Enrollment Statement” from the Registrar’s office: stating enrollment in the college and school of nursing for Fall Semester 2020.**
- **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.



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### KFSNAA NURSING SCHOLARSHIP APPLICATION

**STUDENT INFORMATION**

**Applicant Name:** \_\_\_\_\_  
Last First MI

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**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:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

**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