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, 2019** the following:

- Application (see below)
- Official GPA.
- 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, and
  3. description of financial need.
KFSNAA NURSING SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Applicant Name: ____________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Mailing Address: ____________________________________________________________

__________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Phone: ________________________ E-mail: _____________________________

SCHOOL INFORMATION

College/Program Name ___________________________ Enrolment Certification 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 the check should be sent to: ________________________________

__________________________________________________________________________

Mailing Address: ____________________________________________________________

__________________________________________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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: 10/2018