

San Diego National Association of Hispanic Nurses

September 1, 2009

Dear Nursing School Faculty,

On behalf of the San Diego National Association of Hispanic Nurses (SDNAHN), I respectfully ask that you post the attached flyer and make the enclosed scholarship information available to your students.

For the past 16 years, SDNAHN has awarded almost \$70,000 to deserving students in San Diego County. Last year we awarded 10 scholarships to local nursing students. This year we would like your help in reaching more students. Any student currently enrolled in an LVN, RN, graduate, or post graduate level nursing program is eligible to apply. This scholarship is for Hispanic students or any student involved in or interested in Hispanic health care issues. Additional scholarship applications and information is also available on our website: www.sdnahn.org.

The deadline to submit an application packet is October 1, 2009.

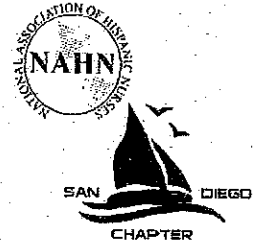
Scholarship recipients will be notified in late October, and all scholarships will be awarded at our annual dinner on November 14, 2009.

Thank you for your assistance.

Sincerely,

Paloma Garza, RN, FNP, MPH
President,
San Diego National Association of Hispanic Nurses

PO Box 83881, San Diego, CA 92123
sdnahn.org 619-370-4541 sdnahn@yahoo.com



Scholarship Application

San Diego National Association of Hispanic Nurses (SDNAHN) seeks to enhance and support the nursing profession by providing nursing students with financial assistance to complete their education. Scholarships are available to **Hispanic or non-Hispanic nursing students** living in San Diego county, and attending an LVN, associate, baccalaureate, graduate, and post-graduate degree programs.

Eligibility Criteria

All applicants must meet **ALL** of the following general eligibility requirements:

1. Attend an approved nursing program. The California school must meet clinical requirements of, and be approved by the California Board of Registered Nursing (BRN). Please submit proof with recent unofficial transcripts or letter on official letterhead by Dean or Director of Nursing Program.
2. Have a preferred GPA of 3.0 within the last year. Please submit an unofficial transcript reflecting the last semester of academic work completed.
3. The applicant must include a computer generated statement of purpose (see criteria later in this application).
4. First time applicants need not be members of SDNAHN to apply. If awarded a scholarship, the applicant will become either a full/student/international/Associate - member of SDNAHN and become an active member of this organization. SDNAHN members are required to turn in a copy of their membership card with their application packet. **Previous awardees must have attended at least two general/board meetings, and participated in 1 SDNAHN volunteer event within the last year. Previous awardees are also required to be participating members in good standing.**
5. Participate in at least 20 hours of community service in the last year. Please document hours on the form provided. School or work related hours will not count. Hours that cannot be verified will also be excluded.
6. Consideration will be given to applicants of Non-Hispanic descent who can demonstrate a commitment to the health care needs of the Hispanic Community.
7. Send a letter of recommendation from two of the three sources listed below. Letter may be sent electronically to sdnahn@yahoo.com. They must be sent directly to us from the writer, no forwarded letters will be accepted. The letters **MUST** be received by the scholarship deadline. Please have the letters clearly labeled "letter of recommendation 'for your name'" on the subject line.
 - Faculty member, Dean or clinical instructor

- Employer, supervisor
- Individual who is knowledgeable about applicant's personal or professional character (not a relative or close friend)

Recipient Selection

Applicants who meet all of the eligibility criteria above will be evaluated based on category-specific criteria identified in the paragraph at the top of this page. Awardees will be notified after the selection committee meeting and awards will be distributed at the annual SDNAHN scholarship awards program held in November. **Scholarship winners are required to attend the November event, in order to receive their award.**

How to apply

1. Read the entire application packet carefully
2. Fill out the enclosed application form completely – **please type or print.** Use an additional page for the statement of purpose – **must be computer generated.**
3. Secure the necessary support documentation, membership card (if member), proof of community service form, unofficial transcript, letters of recommendation and statement of purpose.
4. Submit entire completed application form to:
SDNAHN
PO Box 83881
San Diego, CA. 92138
Attention: Scholarship Committee

Application Deadline

- Must be postmarked by **October 1, 2009.**
- **Please note:** It is the responsibility of each applicant to ensure that all materials are completed and submitted by the deadline. SDNAHN cannot be responsible for materials that are misrouted or submitted after the deadline. Electronically sent letters of recommendation not clearly identified by deadline date will not be considered.
- **Any incomplete, late or unsigned applications will not be considered!**

6/1/2009

Contact Information

Please print or type all information on this form completely and accurately. All requested information is mandatory unless specified. If not applicable please note as N/A.

Name (last, first, middle)

Street Address/apt #

City State ZIP Code

Home Phone day/evening

Work Phone

E-Mail Address

Ethnicity

School Information

School Name: _____

Address/City/State/Zip: _____

Type of nursing program (mark with X):

LVN ADN BSN MSN Doctorate

Degree program start date Month/year: _____

Expected graduation date Month/year: _____

Employment Information

Employer/ _____

Position Title/ _____

Work telephone #/ _____

Statement of Purpose

Summarize on a separate page, (**computer-generated**) your career goals, community involvement, and personal need. Tell the scholarship committee why you feel you want/need/qualify for this scholarship. **Please limit to no longer than two pages, double spaced, 12 font.**

Disclosure

- Please note: SDNAHN will not disclose your application information to any outside agency without your permission.
- If you are chosen as a scholarship recipient you will be required to send to SDNAHN Scholarship Committee a picture of yourself to be used for future advertisement and attend the annual scholarship awards program On November 15, 2008.

Agreement and Signature

- I have read and understood the entire application packet.
- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship applicant, any false statements, omissions, or other misrepresentations made by me on this application may result in loss of my scholarship.
- If asked I agree to provide substantiation of the information that I have given on this form.

Name (printed)

Signature

Date

Thank-you!

Thank you for completing this application form and for your interest in SDNAHN. Good luck!

6/1 /2009

