



*California Federation of Women's Clubs*  
 Member: General Federation of Women's Clubs, Int'l.  
*San Bernardino District No. 21*



**NURSES SCHOLARSHIP FUND APPLICATION**

Purpose: This fund shall be established for the purpose of granting scholarships to qualified students pursuing a career as a Registered Nurse. (Write/print legibly.)

Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ DATE: \_\_\_\_\_ 2017

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: M F

Nursing College where applicant has applied/is attending: \_\_\_\_\_

Address of college: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of entrance in Registered Nursing Program: \_\_\_\_\_

Date scheduled to complete the RN Program: \_\_\_\_\_

There are no restrictions as to age, race, sex, color, or creed.

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ Ages of Dependents: \_\_\_\_\_

Other scholarships or awards previously granted, give name of organization(s), date covered, and amount(s).  
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**QUALIFICATIONS:**

1. Applicant must be a legal resident of the State of California, for one year, with preference going to a resident of San Bernardino County.
2. An applicant or scholarship recipient must be enrolled as a full-time nursing student in an accredited Registered Nursing Program at an accredited college/university.
3. A minimum GPA of 3.00 is required to qualify.

**REQUIRED SUBMISSIONS:**

- A. A letter of acceptance from an accredited College of Nursing in California, on school letterhead, must be submitted. (This can be a copy of the acceptance letter that you received.)
- B. An official transcript of all college grades to date that also includes the computed GPA. A work-in-progress report of courses the student is currently taking (if applicable).
- C. Two letters of recommendation from nursing course instructors.

- D. The applicant is to attach a statement of at least two hundred words that should address each of the following questions:
1. What led you to choose nursing as a career choice?
  2. Why do you wish to continue your education?
  3. What are your future educational or vocational plans?
  4. What is the reason for applying for a scholarship?
- E. Submit a financial statement. Include the following:
1. Household size with income from other adults indicated,
  2. Estimated current year (2016) income for 12 months,
  3. Itemized monthly budget of expenses.
- F. Explain circumstances which support your application. Include any extenuating circumstances or problems that are a financial burden (family illness, handicaps, etc.).

**FURTHER INSTRUCTIONS:**

1. As an aid to insuring that all requirements are met, it is suggested that you identify each page with your name and which part A-F in the upper right hand corner of the appropriate page(s). For official transcripts or other letters sealed in an envelope, the letter can be written on the outside of the envelope.
2. The complete application must be postmarked no later than April 28, 2017 to  
CFWC San Bernardino District  
Nurses Scholarship Committee  
Mary O'Neil, Chairman  
5656 Hellman Avenue  
Alta Loma, CA 91737
3. Scholarship recipients will be notified by the chairman of the Scholarship Committee.
4. Half of the scholarship money is awarded for the first semester and the remaining half for the second semester that the student is enrolled in the nursing program. The scholarship is administered by the college's foundation.

I understand that copies of this information and my academic transcript may be released to the scholarship committee members for consideration.

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Applicant's signature

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Date

**ALL REQUIREMENTS MUST BE MET OR YOUR APPLICATION MAY BE DISQUALIFIED.**