



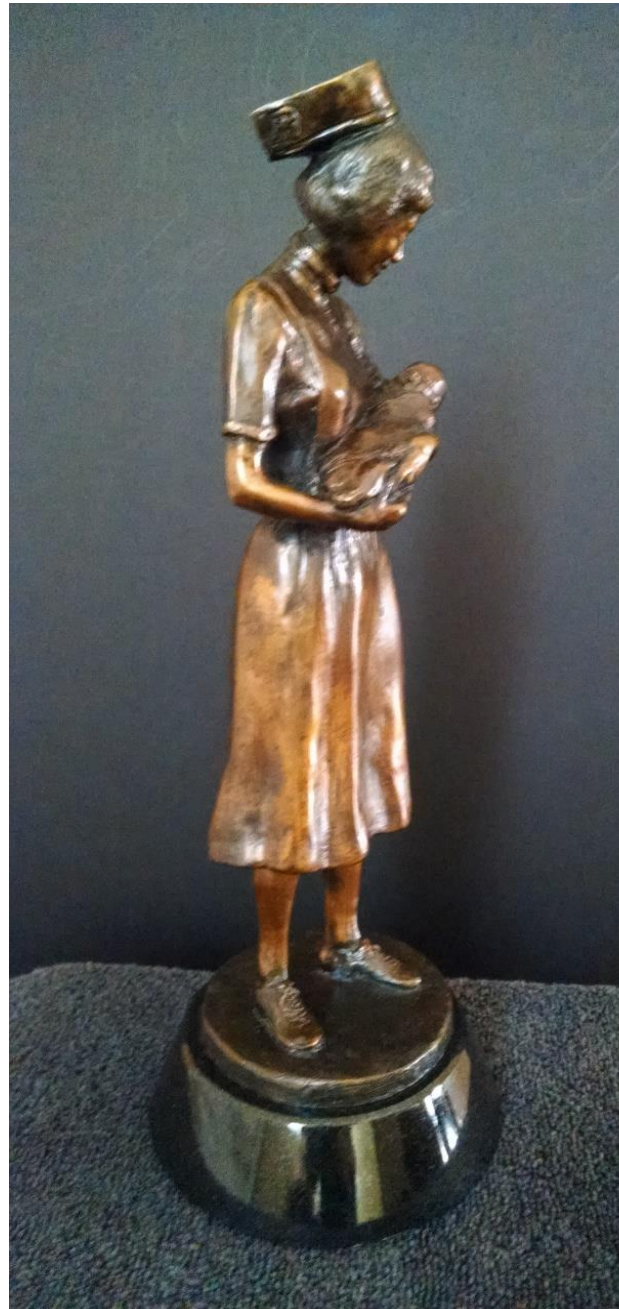
KAISER FOUNDATION SCHOOL OF NURSING ALUMNI ASSOCIATION SCHOLARSHIP

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, 2022** 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 2022.
 - **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

Applicant Name: _____

Last

First

MI

City

State

ZIP

Phone: _____ **E-mail:** _____

SCHOOL INFORMATION

College/Program Name _____ **Enrollment Statement**

Enclosed _____

Type of Nursing Program (please check): ADN____ LVN to RN ____ RN to BSN ____ ADN to BSN ____

ADN to MSN____ MSN____ DPN____ 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: _____

School Mailing Address: _____

City

State

Zip

Phone _____ Contact Person’s 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 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 award will be made to the recipient. **Funds awarded will be sent to the school, to be used toward the student’s tuition and fees.** Recipients agree to follow-up with the Alumni Association one year after receiving the scholarship, to describe progress in the profession and/or in school. **Previous recipients are encouraged to reapply for consideration.**

Scholarships are administered for KFSNAA through the Nursing Education Heritage Project by our fiscal agent, Community Initiatives. Checks will be sent to the school of nursing’s Financial Aid office, as a “grant” by Community Initiatives.

Initially Adopted: 04/1997

Revised/Amended: 09/2021