

San Diego National Association of Hispanic Nurses 2020 Scholarship Application



The San Diego National Association of Hispanic Nurses (SDNAHN) seeks to enhance and support the Nursing profession in San Diego County by providing local nursing students with financial assistance to assist in completing their education.

Our mission is to enhance the educational and healthcare needs of the Hispanic community. Scholarships may be awarded to eligible San Diego County students at any level of a nursing degree program who will assist SDNAHN in our mission.

To be eligible, students must be enrolled in, or be accepted into a Vocational Nursing or Registered Nursing Associate, Baccalaureate, Graduate, or Post-Graduate degree program in San Diego County on in an online degree nursing program. The student must be in good standing in the degree program, in the community, and meet the criteria of this scholarship application.

Eligibility Criteria

1. Currently attend or be accepted into an approved and accredited nursing program. The nursing school/program must meet the clinical requirements of and be approved by the California Board of Registered Nursing (BRN). Please submit proof of acceptance or attendance (i.e. current unofficial transcripts, letter of acceptance, or letter on official letterhead by Dean or Director of Nursing Program).
2. Have a preferred GPA of at least 3.0 within the last year and 2.5 cumulative for all college credits and coursework. Please submit a current unofficial transcript reflecting academic work completed.
3. Applicants must hold an active membership of SDNAHN to apply. Scholarship applicants must turn in a copy of their membership card with their application packet.
4. Previous SDNAHN scholarship recipients must demonstrate that they have been actively participating by attending least three general membership or Board of Directors meetings and have participated in at least one SDNAHN volunteer event since the previous year's Scholarship Gala in October to August 30 of this current year.
5. Participate in a minimum of twenty (20) hours of community service since the previous year's Scholarship Gala in October to August 30 of this current year. The volunteerism in community service should be relative to our mission. Please document these hours on the form provided with a description of the volunteer work done. School-related or work-related hours will not be accepted. You may attach an additional sheet to write a brief narrative of your community service if needed. Hours that cannot be verified or are vague in description will be excluded. Applications will be dismissed if it is determined these volunteer hours are not verifiable and correct.
6. **Scholarship winners are required to attend the 2020 Scholarship Event to receive their award on Saturday, October 17, 2020.**

Applicant Notification

1. Applicants who meet all the eligibility criteria are evaluated based on category-specific criteria identified in this application. All applicants are notified via email of their application results.
2. Awards are distributed at our annual SDNAHN Scholarship Gala which will be held on Saturday, October 17, 2020.

How to apply

1. Read the entire application packet carefully and fill out the enclosed application form completely.
2. Secure the necessary support documentation: membership card, proof of community service form, current unofficial transcript or proof of acceptance, and Statement of Purpose.
3. Use an additional page for the Statement of Purpose – computer generated, maximum of two typed pages, 12 - point font, double spaced (see below for instructions on this document).
4. Please email a recent professional-looking color headshot photo in over an approximate 2000 x 4000 jpg file size of yourself with the application.
5. Submit entire completed application form to: **sdnahn@outlook.com**
The preferred method is to send this electronically. PDF is the preferred format. Applicants are strongly encouraged to send in the entire packet in ONE email titled SCHOLARSHIP APPLICATION.
6. You may send in a paper application. Please mail the entire packet to:
SDNAHN, P.O. Box 3770, San Diego, CA 92163 Attention: Scholarship Committee
Please do not turn in applications by both methods. In the event this happens, only one application will be reviewed at the discretion of the Scholarship Committee.

Application Deadline

1. Completed applications are due **September 01, 2020**. If sent electronically, they must be received by 11:59 PM. If sent by mail, it must be postmarked before the deadline date and received by SDNAHN by September 1.
2. It is the responsibility of each applicant to ensure that all materials are completed and submitted by the deadline. SDNAHN is not responsible for materials that are not addressed correctly, misrouted, lost, postmarked late, or delivered late.
3. SDNAHN will not respond to any calls or emails to check on the status of application or any supporting documentation.
4. Any incomplete, late or unsigned applications will not be considered.
5. The decision of the scholarship committee is final.

SDNAHN SCHOLARSHIP APPLICATION

Contact Information	
Full Name	
Street Address/Apt #	
City, State, ZIP Code	
Area Code & Phone number	
Email Address	
Ethnicity (optional)	
Member of SDNAHN?	Yes No
School Information	
Nursing School Name:	
Address/City/State/Zip:	

Degree program start (MM/DD/YYYY): _____

Expected graduation (MM/DD/YYYY): _____

Type of Nursing Program (mark with a circle): **VN ADN BSN MSN RN-BSN RN-MSN Ph.D. DNP**

Employment Information

Employer or N/A: _____

Position Title or N/A: _____

Department Director/Manager with work telephone number or N/A:

Statement of Purpose

On a separate page, summarize your career goals, community involvement, and personal/financial need. Tell the Scholarship Committee why you qualify for this scholarship. Please describe your future nursing leadership goals. Include any involvement you have working with an underserved population. Please limit to no longer than two pages, double spaced, 12-font (Arial or Times New Roman).

Disclosure

1. Please note: SDNAHN will not disclose any contact information to any outside agency without your permission.
2. If you are awarded a scholarship by this organization, SDNAHN does reserve the right to use your name, likeness and name of school you are attending in our Scholarship Gala program, on our website, social media, other advertising, and community outreach activities. By accepting a scholarship, your implied consent is given to SDNAHN to use your name and likeness as described above.
3. If you are chosen as a scholarship recipient, you will be will be required to attend the annual Scholarship Gala awards program in on Saturday, October 17, 2020.
4. If an applicant is awarded a scholarship and, at any time in the future, is found to have committed fraud within this scholarship application process, this will result in SDNAHN’s pursuit of immediate repayment of any and all scholarship awards in full within thirty (30) days, to the San Diego National Association of Hispanic Nurses.

Agreement and Signature

1. I have read and understood the entire application packet and agree to the conditions therein.
2. By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am chosen as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application will result in loss of my scholarship. I agree to pay back all awarded scholarship funds in full within thirty (30) days to the San Diego National Association of Hispanic Nurses.
3. If asked, I agree to provide substantiation of the information that I have provided on this form.

If you submit this form electronically, you may scan a signed copy or type your name on the signature line and send from your personal or school email address. This will be considered a legal signature for the application.

Name (printed)	
Signature	
Date	

Thank-you!

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



**SDNAHN Scholarship Application 2020
Volunteer Community Service Documentation**

Date # of Hours Description of Volunteerism Contact Person/Agency with Phone/Email Address

Total Number of Hours_____

**Please indicate your documented attendance dates at
three SDNAHN General Membership and/or Board of Directors meetings**

Date of Meeting General Membership or Board of Directors meeting

Applicants may submit signed volunteer event certificates or official attendance sheets of volunteer activities indicating required information. You may use an additional sheet to state additional hours, if needed.