

**CALIFORNIA NURSES ASSOCIATION
ALAMEDA COUNTY SCHOLARSHIP FUND
2016-2017 Academic Year**

PURPOSE

The Alameda County scholarship was established in 1927 by members of the Alameda County Nurses Association to fund members enrolled in formal education programs, attending educational conferences or classes, or engaged in health educational efforts in underserved communities.

GUIDELINES FOR ELIGIBILITY

To qualify for an Alameda County Scholarship Award, you must be:

- A member of CNA-NNOC who is working at a facility located in Alameda County, CA for at least the past two consecutive years, and
- Plans for study or conference/class attended are directly relevant to the needs of direct care nurses, and
- Accepted for admission to an accredited or otherwise qualified educational institution for academic year 2016/2017; OR have completed an educational class or conference between July 1, 2015 and June 30, 2016; OR be engaged in health education effort in underserved communities.
- Travel expenses will be eligible for award monies provided that the approved program is unique in nature and is only offered in the location necessitating the travel expenses. Awards for expenses will be capped pursuant to current CNA reimbursement guidelines.

CRITERIA USED FOR SELECTION OF CANDIDATES

- Completed application form with supporting materials, including verification of acceptance in good standing to the educational program or course of selected study, with all material received by posted deadline. A W-9 Form must be attached. Current W-9 form can be found at www.irs.gov
- Experience as a bedside RN
- Commitment and active participation in CNA-NNOC and/or nursing and health related organizations.
- Professional vision and direction as expressed in submitted essay.

APPLICATION

Applications must be postmarked by **August 1, 2016**

Your application packet MUST include the following:

- A completed application form with W-9 Form.
- Verification of acceptance into accredited or otherwise qualified educational program OR proof of attendance of educational conference between July 1, 2015 and June 30, 2016.
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.
- If applicable, original receipts documenting travel expenses.

NOTE: FAXES WILL NOT BE ACCEPTED. ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT ALL INFORMATION REQUESTED IS INCLUDED AND RECEIVED BY THE APPLICATION DEADLINE.

Applications are available for download at www.calnurses.org

You may also send a request for application to: CNA Alameda County Scholarship Program
c/o California Nurses Foundation
155 Grand Avenue
Oakland CA 94612

**ALAMEDA COUNTY SCHOLARSHIP FUND
2016/2017 APPLICATION FORM**

NOTE: Please **PRINT** or **TYPE** all information **IN BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **August 1, 2016** to:

**Alameda County Scholarship Fund
c/o California Nurses Foundation,
155 Grand Avenue, Oakland, CA, 94612.**

A. PERSONAL DATA

NAME: _____ SSN: (last 4 digits only) XXX-XX- _____
ADDRESS: _____
PHONE: (day) _____ (evening) _____
EMAIL: _____
PRIMARY WORKPLACE: _____
CNA MEMBER SINCE: _____

B. PLANS FOR STUDY & PROGRAM/TRAVEL EXPENSES

SCHOOL/CONFERENCE PROVIDER: _____
NAME OF PROGRAM: _____
COURSE/PROGAM DATES: _____
ANNUAL TUITION OR COST OF CONFERENCE: _____
TRAVEL EXPENSES (if applicable): _____

C. CNA-NNOC ACTIVITIES

List any CNA-NNOC involvement, including relevant dates, such as Nurse Rep, PPC, FBC, LUC, Board member, attendance at CNA-NNOC classes or rallies, participation in leadership or organizing activities, etc.

| <u>Description of Activity(ies)</u> | <u>Dates (from/to)</u> |
|-------------------------------------|------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

D. NURSING AND HEALTH RELATED COMMUNITY ACTIVITIES (if applicable)

List any health/community service projects you participated in and the inclusive dates.

| <u>Organization</u> | <u>Description of Activity(ies)</u> | <u>Dates (from/to)</u> |
|---------------------|-------------------------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Attach additional sheets for items C and D as necessary)

