



**California State University Stanislaus Nursing Scholarship Application – Award: \$1,000  
Requirements on Reverse Side of Application**

(Please use additional paper, if needed)

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_  
Street or P.O. Box City Zip Code

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ GPA: \_\_\_\_\_

Academic honors received: \_\_\_\_\_  
\_\_\_\_\_

Extracurricular activities/community involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and interests: \_\_\_\_\_  
\_\_\_\_\_

Educational and occupational goals as they related to the health care field: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason applying for scholarship: \_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information I have given above is accurate to the best of my knowledge. I understand that if I am awarded a scholarship and do not register for and attend classes I must return scholarship funding to the Stanislaus Health Foundation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **I. REQUIREMENTS**

In order to be eligible for this scholarship, applicant must:

1. Be enrolled in the CSUS Nursing Program
2. Have attained a grade point average of 3.0 or higher

## **II. APPLICATION PROCESS**

Applicant must submit a completed application including:

1. Two (2) letters of recommendation, including a letter from member of the faculty of the CSUS Nursing Program
2. Official transcripts from current year will be required only if awarded a scholarship

## **III. OTHER INFORMATION**

1. Prior to disbursement of a scholarship award, student must provide proof of enrollment (registration) in health care field
2. Scholarship winners will be determined by a committee of Stanislaus Health Foundation Board Members and other community members as needed
3. All applicants shall be notified of the committee's decision in May

## **IV. SUBMISSION PERIOD: February 1 through April 1, 2019**

1. Deadlines:
  - a. fax: midnight
  - b. hand-delivered: 5:00 p.m.
  - c. mailing: U.S. Post Office postmarked April 1

**Applications may be faxed, hand-delivered, or mailed to:**

Stanislaus Health Foundation  
830 Scenic Drive, Modesto, CA 95350  
Email: [dmeyer@schsa.org](mailto:dmeyer@schsa.org)  
Phone: 209.558.7116  
Fax: 209.558.8320

Please call 209.558.7116 if you have any questions.

Thank you for applying for a Stanislaus Health Foundation health care scholarship. Congratulations on your decision to continue your education in this field. We wish you continued success and good luck with your application.

Stanislaus Health Foundation Scholarship Committee