



**California
Nurses
Foundation**

April, 2018

ATTN: Financial Aid Office

RE: California Nurses Association (CNA) Region 10 Gannon Scholarship

The California Nurses Foundation (CNF) would like to provide information regarding a scholarship opportunity for your students who are enrolled in a nursing program.

The Region 10 Gannon Scholarship was established by members of the Region 10 CNA-NNOC to fund CNA members in the Los Angeles County area who are enrolled in formal education programs or attending educational conferences or classes.

Enclosed is a copy of the CNA Region 10 Gannon application for the 2018-2019 academic year. Additional scholarship information and copies of applications can also be found on our website at www.calnurses.org, enter "Scholarships" in the search box. *If* you have any questions about the program, please contact our scholarship administrator Alice Grubb at 510-273-2282

Best Regards,

Cathy Kennedy, RN
Chair, CNA-NNOC Scholarship Committee
155 Grand Avenue
Oakland, CA 94612

**CALIFORNIA NURSES ASSOCIATION
REGION 10 GANNON SCHOLARSHIP FUND
2018-2019 Academic Year**

PURPOSE

The Region 10 Gannon Scholarship was established by members of the Region 10 California Nurses Association (now CNA-NNOC) to fund members in the Los Angeles County area who are enrolled in formal education programs or attending educational conferences or classes.

GUIDELINES FOR ELIGIBILITY

To qualify for the Region 10 Gannon Scholarship Award, you must be:

- A member of CNA-NNOC for at least the past two consecutive years, and
- Live within Los Angeles County, 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 2018/2019; OR have completed an educational class or conference between July 1, 2017 and June 30, 2018.
- 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/NNOC reimbursement guidelines.

CRITERIA USED FOR SELECTION OF CANDIDATES

- Completed application form with supporting materials and reference letters, including verification of acceptance in good standing to the educational program or course of selected study, with all material received by posted deadline. **One letter of reference must be from a CNA-NNOC member.** A W-9 Form must be included.
- 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, 2018**

Your application packet MUST include the following:

- A completed application form with W-9 Form (form can be found at www.irs.gov)
- Verification of acceptance into accredited or otherwise qualified educational program OR proof of attendance of educational conference between July 1, 2017 and June 30, 2018.
- Two letters of reference, one from a CNA-NNOC member
- If applicable, original receipts documenting travel expenses.
- A one page typed essay describing personal and professional goals.
- Resume or Vitae

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 Region 10 Gannon Scholarship
c/o California Nurses Foundation
155 Grand Avenue
Oakland CA 94612

**REGION 10 GANNON SCHOLARSHIP
2018/2019 APPLICATION FORM**

NOTE: Please **PRINT** or **TYPE** all information in **BLACK INK**. Return this form, supporting materials and reference letters, postmarked by **August 1, 2018** to:

**Region 10 Gannon Scholarship
c/o California Nurses Foundation,
155 Grand Avenue, Oakland, CA, 94612.**

A. PERSONAL DATA

NAME: _____ SSN: (last 4 digits only) *X=XX=XX=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/PROGRAM 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.

Description of Activity(ies)	Dates (from/to)
_____	_____
_____	_____
_____	_____

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

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

Organization	Description of Activity(ies)	Dates (from/to)
_____	_____	_____
_____	_____	_____

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

