SAN DIEGO CITY COLLEGE FOUNDATION
Dr. Bernice Rosen Nursing Scholarship
2010-2011 Application

A Little History:
The funds for this scholarship are a donation from Nowell Wisch, his mother, Dr. Bernice Rosen and Diana Barliant for students in the Nursing Education Program at San Diego City College.

Important Information:
Number of awards: 1
Amount of award: $500.00

CRITERIA:
a) Must be a U.S. citizen or resident alien
b) Must be currently enrolled in the first year of the Nursing Education Program.
c) Must have a 2.0 GPA or higher
d) Must submit a 1-2 page typed, double-spaced essay on “Why You Want to be a Nurse and what are your Professional Goals in Nursing”

SCHOLARSHIP WILL BE ADVERTISED: September 8, 2010 to December 8, 2010

APPLICATION DEADLINE: December 8, 2010 at NOON – NO EXCEPTIONS

APPLICATION PROCEDURE: Return completed application and all necessary materials to: Office of Student Affairs (D-106)

AWARD DATE: May 7, 2011, at the Annual Scholarship Awards Presentation. Attendance is required for release of scholarship funds. Non-Attendance will, in most cases, result in forfeiture of scholarship award.

NOTE: Applications and essays will be reviewed by a faculty committee made up of members in the Nursing Department at City College.
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Directions: Please type or print all information and answer all questions.

1. Mr./Ms./Mrs. ____________________________
   (Circle one) (Last) (First) (Middle)

2. Address: _________________________________________________________________
   (Street)
   _________________________________________________________________
   (City) (State) (Zip Code)

3. Telephone: (Home)_________________________/ (Work)__________________________

4. CSID# ________________________

5. E-mail: ________________________________

6. Major/Field of interest: ______________________________________________________

7. Marital Status: Married_____ Single_____ Divorced_____ Separated_____

8. Number of Dependents: ___________ Ages of Dependents: _____________

9. OCCUPATIONAL HISTORY: (Within last three-five years)
   Name of Employer________________________________________________________
   Address_______________________________________________________________
   Position Held___________________________________________________________

10. ACTIVITIES: Describe your college campus and/or community organizations
    involvement. This may include: any offices you have held, club memberships, athletics,
    church groups and other civic related activities.)
    ______________________________________________________________________
    ______________________________________________________________________

11. CERTIFICATION: I certify that the information contained in this application is true
    and accurate.

RELEASE - Materials/Publicity
I understand and agree that, despite the confidentiality of this material, it will be necessary for
persons administering this fund to review my information and other transcript and grade point
information available in school records. I understand and authorize the use of my name,
photograph and general academic information for use in any lawful manner deemed appropriate
for public information by the San Diego Community College District and/or news organizations in
news releases, and electronic and print publications of college informational and/or marketing
materials in the event that I am selected as a recipient of this scholarship.

Signature: ____________________________ Date: ______________

NOTE: The District and College provide notice of all student scholarship opportunities made
known to them regardless of the qualifications which the entities offering the scholarships may
attach to the scholarships. The District and College do not discriminate or grant preferential
treatment on the basis of race, color, gender, ethnicity, or national origin in their public education
programs.