SAN DIEGO CITY COLLEGE FOUNDATION
Dr. Bernice Rosen Nursing Scholarship
2012-2013 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: 2
Amount of award: $500.00

CRITERIA:

a) Must be currently enrolled in the first year of the Nursing Education Program.
b) Must have a 2.0 GPA or higher
c) 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 6, 2012 to December 6, 2012

APPLICATION DEADLINE: December 6, 2012 before NOON – NO EXCEPTIONS

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

AWARD DATE: April 27, 2013, 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.
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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.