SAN DIEGO CITY COLLEGE FOUNDATION  
Nursing Department Scholarship  
2012-2013 Application

A Little History:  
The faculty and staff of the Nursing Department at San Diego City College have pledged funds to create new scholarships, which are to be awarded to students continuing in the Nursing Program at City College.

Important Information:  
Number of Awards: 1  
Amount of each award: $500.00

CRITERIA:  
a) Must be enrolled and attending classes in the Nursing Education program in Fall 2012 and Spring 2013  
b) Must have a 2.0 GPA or higher  
c) Must include two (2) letters of recommendation. One letter **MUST** be from a current Nursing Faculty Member.  
d) Must submit a 2-pages typed, double-spaced essay outlining your educational and career goals in nursing and the reasons you believe you should receive this award.

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.

Note: Applications and essays will be reviewed by a faculty committee made up of members of the Nursing Department at City College.
San Diego City College
Nursing Department Scholarship
2012-2013 Application

Directions: Please type or print all information and answer all questions.

1. Mr./Ms./Mrs. ________________________
   (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 the last three-five years)
   Name of Employer: ________________________________
   Address: ________________________________
   Position Held: ________________________________

10. ACTIVITIES: (Describe involvement in campus and/or community organizations. This may include: offices held, club memberships, athletics, church groups, and other 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: ____________________
ATTENTION NOMINATOR: This form will be used by the scholarship committee to evaluate a candidate’s eligibility for scholarship consideration. Please indicate your response to the following:

HOW LONG, AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT:

__________________________________________________________________________

__________________________________________________________________________

YOUR ASSESSMENT OF THE APPLICANT’S EDUCATIONAL PERFORMANCE, IF APPLICABLE:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

YOUR ASSESSMENT OF THE APPLICANT’S VOCATIONAL/CAREER POTENTIAL, IF APPLICABLE:

__________________________________________________________________________

__________________________________________________________________________

INCLUDE ANY OTHER COMMENTS WHICH MIGHT INFLUENCE THE COMMITTEE’S DECISION:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name of applicant you are recommending (Please print or type)

___________________________________________

Nominator’s name (Please print or type)

___________________________________________

Nominator’s 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.
ATTENTION NOMINATOR: This form will be used by the scholarship committee to evaluate a candidate’s eligibility for scholarship consideration. Please indicate your response to the following:

HOW LONG, AND IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT:

__________________________________________________________________________

__________________________________________________________________________

YOUR ASSESSMENT OF THE APPLICANT’S EDUCATIONAL PERFORMANCE, IF APPLICABLE:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

YOUR ASSESSMENT OF THE APPLICANT’S VOCATIONAL/CAREER POTENTIAL, IF APPLICABLE:

__________________________________________________________________________

__________________________________________________________________________

INCLUDE ANY OTHER COMMENTS WHICH MIGHT INFLUENCE THE COMMITTEE’S DECISION:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Name of applicant you are recommending (Please print or type)

Nominator’s name (Please print or type)

Nominator’s 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.