



CaLMA/BC of California Foundation
HISPANIC NURSING SCHOLARSHIP FUND

**2008 CALIFORNIA LATINO MEDICAL ASSOCIATION
SCHOLARSHIP PROGRAM APPLICATION ROUND IV**

The California Latino Medical Association (CaLMA)/Blue Cross of CA Foundation nursing program provides financial resources to assist outstanding Latinos in pursuing careers and specialties in medicine and healthcare. The scholarships will be awarded on a competitive basis to full-time Pre-Nursing, Nursing and Post-Nursing students.

Eligibility- *All applicants must meet the following minimum eligibility requirements:*

- Be of Hispanic/Latino background or native born Latino.
- Be a U.S. Citizen or a Legal Permanent Resident.
- Be accepted or currently attending one of California's accredited Nursing schools. (Online schools not valid)
- Have completed a minimum of 12 units in prerequisite coursework
- Or, be an RN working towards a BSN, MSN or PhD
- **Maintain an overall GPA (grade point average) of 2.5**
- **Be Bilingual in English/Spanish with mid-level fluency. (Interview may be held in Spanish)**
- **Must show CURRENT enrollment (submit proof of registration)**

Selection- *Students will be separately evaluated for scholarship awards. Applications will be evaluated on the following selection criteria:*

- Academic Achievement (unofficial transcripts)
- Participation in community development or community service (minimum 4 hours per month) *on-going and current*
- Financial need (copy of Fee Waiver and/or financial aid Award letter)
- Essay – One Page, single spaced, 12 pt. font, 1" margins. Please follow instructions additional pages will not be scored

Application Procedure- *All documents must be submitted on white 8-1/2 x 11 paper, with each page bearing the full legal name and social security number of the applicant. A complete application packet includes the following items:*

- 1) Completed and signed CaLMA Scholarship Application.
- 2) A **one-page** essay that addresses the following topic:
Identify a highly prevalent disease found among the Latino community. How will you address this issue with your patients?
- 3) Unofficial Transcripts – printed off on-line sources and from an accredited school.
- 4) A copy of a Fee Waiver and/or copy of your financial aid award letter.
- 5) **Optional:** 3x5 photo of you to use in future scholarship publications.
- 6) **Award:** is based on Selection Committee's review of application.

APPLICATION DEADLINE: November 30, 2008

**Please DO NOT send application VIA CERTIFIED MAIL. Envelopes will not be picked up from USPS.
SUBMIT AS EARLY AS POSSIBLE FOR POSSIBLE CORRECTIONS
Incomplete or Late Applications will NOT be reviewed**

It is the student's responsibility to submit a completed application and all supporting documents in one packet, to arrive by the deadline. Applications will be accepted by FAX, or USPS REGULAR Mail. Submit complete application packets to:

**CaLMA/BC of CA Foundation Hispanic Nursing Scholarship Fund
California Latino Medical Association
1021 College View Lane
Monterey Park, CA 91754**

Applications may be DROPPED OFF at:

**Dr. Jorge Lopez, MD
1168 N San Gabriel Blvd. #B
Rosemead, CA 91770**

Telephone: (323) 266-2455 Fax (323) 266-2453

www.calmala.org Information info@calmala.org



2008 CaLMA/BC of CA Foundation HISPANIC NURSING SCHOLARSHIP APPLICATION FORM Round IV

Please type or print clearly in black ink. Please answer all questions as indicated. Do not use abbreviations or acronyms and spell out all words and names. Illegible or incomplete information will disqualify your application.

- 1) (Please Check One) Male Female 2) Social Security # _____ - _____ - _____
- 3) Name First _____ Middle Initial _____ Last _____
- 4) Current Mailing Address Number & Street _____ Apt# _____
 City _____ County _____ State _____
 Zip _____ - _____ Mobile/Pager: _____
- 5) Phone (____) _____ - _____ 6) E-mail Address _____
- 7) Permanent Address, if different Number & Street _____ Apt# _____
 City _____ County _____ State _____
 Zip _____ - _____ Permanent Phone (____) _____ - _____ Mobile (____) _____
- 8) Date of Birth, in numbers Month _____ Year _____
- 9) Are you a United States Citizen? Yes No If not, are you a Permanent Resident? Yes No
- 10) City, State, and Country of Birth _____
- 11) Hispanic Heritage (Please specify)
 Cuban Caribbean (Hispanic) Central American South American
 Puerto Rican Mexican Spanish Other/Specify _____
- 12) Have you received a scholarship grant from us before? Yes No
- 13) Please provide the following information regarding your academic career:
- 14) What academic stage are you at? Pre-Reqs. RN BSN MSN PhD

Nursing School You are Entering or Currently Attending	Concentration	Year of Attendance	Expected Grad. Date
University or College Name	City		State
Credits Earned To Date	Cumulative GPA (Grade Point Average)		GPA MUST BE NOTED ON APPL

Undergraduate College/University	Major	Final Cumulative GPA	Degree	Grad. or Transfer Date

Other Graduate College/University	Major	Final Cumulative GPA	Degree	Grad. or Transfer Date

15) Number of Degrees You Have Earned: AA (AS) _____ BA (BS) _____ Master's _____ Ph.D. _____

16) Current Employer _____ Position _____ Not Employed _____

17) Will you receive tuition benefits from your employer for the 2007-2008 academic year? Yes No

If yes, the amount of tuition benefits you expect to receive _____

18) Your Marital Status: Single Parent Single Married Divorced Widowed

If married, spouse's occupation _____

19) Number of Children/people you support 50% or more _____ (not including spouse or yourself)

20) Father's full name _____ Occupation _____

Mother's maiden name _____ Occupation _____

21) Do you live with your parents or do your parents provide at least half of your support? Yes No

22) What will be your tuition costs (include only tuition) for 2007-2008? _____

23) INCOME STATEMENT – Do not leave line blank, enter zero <0> if no income was received in that category

2007 Annual Income

2008/09 Academic Year Income (estimate)

Student's Gross Annual Income	\$ _____	2008 Expected Student Salary	\$ _____
Spouse's Gross Annual Income	\$ _____	2008 Spousal Income	\$ _____
Social Security of Disability	\$ _____	Veteran Benefits	\$ _____
General Assistance	\$ _____	JPTA of PIC Benefits	\$ _____
Child Support, Alimony	\$ _____	Student Loans	\$ _____
Personal Loans, Gifts, etc.	\$ _____	Assistantship/Fellowships/Scholarships	\$ _____
Savings/Investment	\$ _____	College Work Study	\$ _____
Other Income (specify source)	\$ _____	Employer-Funded Tuition Assistance	\$ _____
		Other Grants	\$ _____
TOTAL 2007 GROSS INCOME	\$ _____	TOTAL PROJECTED INCOME 2008/09	\$ _____

24) Extraordinary, unforeseen, or very unusual expenses (please explain and provide dates)

25) Has your household had significant income change in the last year? Have you or will you file for bankruptcy? (please explain)

26) If total income is less than \$ 6,000.00 per year please specify, with amounts, the income which allows you to live day-to-day

LEAVE BLANK – for internal CaLMA use only				
HOH/M <input type="checkbox"/>	CS <input type="checkbox"/>	RN+ <input type="checkbox"/>	GPA <input type="checkbox"/>	GPA2 <input type="checkbox"/>
Application Score _____		Essay Average _____		
GPA _____	APPROVED <input type="checkbox"/>	DECLINED <input type="checkbox"/>	AMT \$ _____	

COMMUNITY SERVICE SUMMARY (Please note all volunteer activities, current and on-going)

Organization	Activity	Dates Participated	Est. Monthly Time Commitment

Please attach a separate sheet if additional space is needed.

SURVEY QUESTION

How did you originally learn about this scholarship? (Please check all that apply):

<input type="checkbox"/> CaLMA	<input type="checkbox"/> Counselor Name _____	<input type="checkbox"/> Professor Name _____
<input type="checkbox"/> NAHN	<input type="checkbox"/> Career Center	<input type="checkbox"/> Other Specify _____
<input type="checkbox"/> Internet/Homepage	<input type="checkbox"/> Magazine/newspaper	<input type="checkbox"/> College/University Newsletter

NOTIFICATION OF SELECTION

- Notification of scholarship awards will be sent to current mailing address. Please report any address changes to the Scholarship Fund by calling (323) 266-2455. **Please provide an active mobile number for notification purposes.**
- Falsification of information is grounds for disqualification from the application process and for termination of any scholarship granted.

CERTIFICATION: Student must read and sign below to be eligible for consideration.

- I certify that all the information provided is **complete and accurate** to the best of my knowledge.
- I certify that I will be enrolled as a **student in a California Accredited Nursing Program** for the 2008-2009 academic year. Or, **I am enrolled in a pre-requisite program that will lead to acceptance to an RN program.**
- I certify that I am **Hispanic**, and that **I am a U.S. Citizen or Permanent Resident.**
- I authorize the scholarship grantors to **publish excerpts from my application essay**, when necessary and to share this information for the purpose of recruitment, public relations, possible employment or any other related activity.
- I am aware that any scholarship check I may receive from the scholarship grantors should be **cashied or deposited within sixty days**; any funds not cashied or deposited will revert back to the scholarship grantors.
- **I understand that I must notify the scholarship grantors of any changes in my enrollment status.**
- I hereby acknowledge that it is my responsibility to keep the scholarship grantors informed of **any address changes.**
- I understand that application materials become the property of scholarship grantors and **cannot be returned.**
- I hereby certify that I have this application and Certification and **accept all conditions specified.**

SIGNATURE _____ **DATE** _____

*Please verify you have included all of your attachments. Incomplete applications will not be considered.
Thank you for applying to the CaLMA/BC of CA Foundation – Hispanic Nursing Scholarship program.*

Important Notes: Make sure you answer the essay question clearly, concisely and within ONE page with 1" margins. Community Service is an important part of this program – hours can be volunteered at hospitals, churches, schools, tutoring, etc. Please include any and all volunteer work you have/currently do.

An important reminder: You WILL NOT receive an award if your cumulative GPA is lower than a 2.5.

We wish you much success!