

San Diego National Association of Hispanic Nurses 2023 Scholarship

The San Diego National Association of Hispanic Nurses (SDNAHN) seeks to enhance and support the Nursing profession in San Diego County by providing local nursing students with financial assistance in completing their education. Our mission is to enhance the educational and healthcare needs of the Hispanic community. Scholarships may be awarded to eligible San Diego County students at any level of a nursing degree program who will assist SDNAHN in our mission.



Eligibility Criteria

1. Enrolled or accepted into a Vocational Nursing or Registered Nursing Associate, Baccalaureate, Graduate, or Post-Graduate degree program in San Diego County or a San Diego County resident in an online or out-of-state degree nursing program.
2. GPA of at least 3.0 within the last year and 2.5 cumulative for all college credits and coursework. Submit current unofficial transcript(s) reflecting academic work completed.
3. SDNAHN membership in good standing.
4. Active participation in SDNAHN by attendance in at least three meetings (general membership or Board of Directors meetings) and participation in at least one SDNAHN volunteer event during the scholarship application period.
5. One academic letter of recommendation from your Dean, academic advisor, or current faculty member attesting to your academic performance, enrollment, expected graduation, participation/ involvement in activities, and future potential, and lists the applicant's full name. **Or** one letter of recommendation from an SDNAHN member in good standing who can attest to your membership, involvement, and participation in chapter meetings, activities, and programs impacting the community.
6. Scholarship recipients are required to attend the 2023 Scholarship Gala event to receive their award on Friday, October 13, 2023.

The scholarship application period is October 15, 2022 – September 17, 2023

How to apply: The following must be submitted, or your scholarship application will not be considered:

- SDNAHN 2023 Scholarship Application Form
- Statement of Purpose (see instructions below)
- Participation in SDNAHN Meetings, Board of Directors Meetings, and Events (see below)
- Unofficial transcripts
- One academic letter of recommendation from your dean, academic advisor, or current faculty member attesting to your academic performance, enrollment, expected graduation, participation/ involvement in activities, and future potential. **Or** one letter of recommendation from an SDNAHN Executive Board Member, Board of Directors, or Mentor who is in good standing and can attest to your involvement and participation in chapter meetings, activities, and programs impacting the community.
- Please include a recent professional-looking color headshot photo in over an approximate 2000 x 4000 jpg file size of yourself with the application.
- If not yet enrolled but accepted into a nursing program:
 - May submit acceptance notice or statement on official letterhead by Dean or Director of Nursing Program and unofficial transcript of previous coursework.
 - GPA of at least 3.0 within the last year and 2.5 cumulative for all college credits and coursework.
- Email the completed application packet to: sdnahn@gmail.com
 - **Subject:** Last name, First initial Scholarship Application 2023
 - Example:** *Perez, L. Scholarship Application 2023*
 - Applicants are strongly encouraged to send the entire application in ONE email attachment.**

Application Deadline

- Completed applications are due **September 17, 2023, 11:59 PM PST**.
- It is the applicant's responsibility to ensure all materials are completed and submitted by the deadline.
- SDNAHN is not responsible for materials addressed incorrectly.
- Incomplete, late, or unsigned applications will not be considered.

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- SDNAHN will not respond to communication regarding the status of an application.
- The decision of the Scholarship Committee is final.

Applicant Notification

Applicants who meet all eligibility criteria are evaluated based on category-specific criteria identified in this application. Notifications of scholarship awards will be sent via email in mid-September and scholarships will be distributed at the Scholarship Gala.

Disclosure

SDNAHN will not disclose any contact information to any outside agency without your permission. If you are awarded a scholarship by this organization, SDNAHN does reserve the right to use your name, photo, and name of the school you are attending in our Scholarship Gala program, on our website, social media, other advertising, and community outreach activities. By accepting a scholarship, your implied consent is given to SDNAHN to use this information as described above. If an applicant is awarded a scholarship and, at any time in the future, is found to have committed fraud within this scholarship application process, this will result in SDNAHN's pursuit of immediate repayment of all scholarship awards in full, not to exceed thirty (30) days, to the San Diego National Association of Hispanic Nurses.

Agreement

- I have read and understood the entire application packet and agree to the conditions therein.
- I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected, and/or scholarship funds awarded must be returned in full.
- If asked, I agree to provide substantiation of the information that I have provided on this form.
- If chosen as a scholarship recipient, I agree to attend the annual Scholarship Gala event on Friday, October 13, 2023.

Name (printed)	Signature	Date

The scholarship application period is October 15, 2022 – September 17, 2023

SDNAHN 2023 Scholarship Application Form

Personal Information	
Full Name	
Address City, State, Zip code	
Cell phone	
Email	

Nursing Program Information	
Name of School	
School Address	
Type of Program	VN ADN BSN Master's entry RN-BSN RN-MSN MSN DNP PhD
Program start date (MM/DD/YY)	
Expected date of graduation (MM/YY)	

Statement of Purpose
<p>Summarize your career goals, community involvement, and personal/financial need. Include any involvement you have working with an underserved population. Maximum one page, double-spaced, 12-font (Arial, Calibri, or Times New Roman). Please attach it to the application.</p>

Participation in SDNAHN Meetings and Events		
Date	Attended at least <i>three</i> SDNAHN general membership or Board of Directors meetings AND participated in at least <i>one</i> SDNAHN volunteer event during the application period.	<i>For committee use only</i>
		<i>Initials</i>
	<input type="checkbox"/> General membership meeting <input type="checkbox"/> Board of directors meeting	
	<input type="checkbox"/> General membership meeting <input type="checkbox"/> Board of directors meeting	
	<input type="checkbox"/> General membership meeting <input type="checkbox"/> Board of directors meeting	
	<input type="checkbox"/> SDNAHN volunteer event: _____	
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