

San Diego National Association of Hispanic Nurses 2026 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 support the educational and healthcare needs of the local nursing 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 active membership in good standing.
4. Unlicensed and licensed students: active participation in SDNAHN by attendance in a minimum of two events: full participation in one meeting (General Membership or Board of Directors meetings - can request the link via email to sdnahn@gmail.com if virtual meeting) and participation in one SDNAHN volunteer event during the scholarship application period.
5. Letter of recommendation from an employer or school representative.
6. Scholarship recipients are required to attend the October 09, 2026 Scholarship Gala event to receive their award.

Scholarship deadline to be received is September 1, 2026 at 11:59 PM



How to apply

- The following must be submitted, or your scholarship application will not be considered:
 - SDNAHN 2026 Scholarship Application Form
 - Statement of Purpose (see instructions below)
 - Personal Autobiography (see instructions below)
 - Headshot Photograph (see instructions below)
 - Letter or Recommendation from employer (manager or supervisor), Dean or Director of currently enrolled Nursing Program, academic advisor, current professor or instructor. The letter must be included within the application and sent directly to scholarship@SDNAHN.org.
 - Unofficial transcript(s): 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.
 - If not yet enrolled but accepted into a nursing program:
 - Must submit acceptance notice or statement on official letterhead by Dean or Director of Nursing Program and an 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: scholarship@SDNAHN.org
 - **Subject:** Last Name, First Initial Scholarship Application 2026
Example: *Doe, J. Scholarship Application 2026*

Applicants must submit the entire application in ONE email attachment.

Application Deadline

- Completed applications are to be received by **September 01, 2026, 11:59 PM PST**.
- It is the responsibility of the applicant to ensure all materials are completed and submitted in full by the deadline.
- SDNAHN is not responsible for materials addressed incorrectly.
- Incomplete, late, or unsigned applications will not be considered.
- 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. SDNAHN will provide email notifications to all applicants regarding the recipient selections within one week of the deadline. Each scholarship will be distributed at the annual Scholarship Gala.



SDNAHN 2026 Scholarship Application Form

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

Nursing Program Information	
Name of School	
School Address	
Type of Program	<input type="checkbox"/> VN <input type="checkbox"/> ADN <input type="checkbox"/> BSN <input type="checkbox"/> Master's Entry <input type="checkbox"/> RN-BSN <input type="checkbox"/> RN-MSN <input type="checkbox"/> MSN <input type="checkbox"/> DNP <input type="checkbox"/> PhD
Program Start Date (MM/DD/YYYY)	
Expected Date of Graduation (MM/YY)	
Unofficial Transcript(s)	<input type="checkbox"/> Attach to application
If not yet enrolled, but accepted into a nursing program	<input type="checkbox"/> Must submit acceptance notice or statement on official letterhead by Dean or Director of Nursing Program and unofficial transcript(s) of previous coursework.

Statement of Purpose Attach to application
<input type="checkbox"/> Summarize your career goals, community involvement, and personal or financial need. Include any involvement you have in working with an underserved population. Maximum one page, double-spaced, 12-font (Arial, Calibri, or Times New Roman).

Autobiography Attach to application
<input type="checkbox"/> Provide an autobiography, summarizing your nursing education or career, including name of school attending, current year or semester in nursing school if applicable, accomplishments, and interests. Minimum of 5 sentences and maximum half a page, double-spaced, 12-font (Arial, Calibri, or Times New Roman). If the applicant is selected, this autobiography will be published in the annual Scholarship Gala Program.



Headshot Attach to application email
<input type="checkbox"/> Provide a headshot: head and shoulders, four-color, large JPG file size of minimum 2000 x 4000. If the applicant is selected, this photograph will be published in the annual Scholarship Gala Program.

Letter of Recommendation Attach copy to application
Name:
Title/Organization:

Unlicensed and Licensed Students: Participation in SDNAHN Meetings and Events Must enter dates and signatures from SDNAHN Committee		
Date	Attended a minimum of <u>one</u> SDNAHN general membership or Board of Directors meetings AND participated in at least <u>one</u> SDNAHN volunteer event during the application period.	<i>For committee use only</i>
		Signature
	<ul style="list-style-type: none"> General membership meeting or Board of Directors meeting 	
	<ul style="list-style-type: none"> SDNAHN Volunteer Event: 	
Scholarship deadline to be received is September 1, 2026 at 11:59 PM		

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 nursing school 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, 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 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 will 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 selected as a scholarship recipient, I agree for my headshot and autobiography to be published in the annual Scholarship Gala Program.
- If selected as a scholarship recipient, I agree to attend the October 09, 2026 SDNAHN Scholarship Gala to receive my scholarship, including attendance to the pre-gala group scholarship recipient photo and agree for this photo to be used in the end of year SDNAHN postcard.
- If electronic signature is used, by typing my name below, I understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

Name	Electronic Signature	Date