



Scholarship Reviewer Use Only
Scholarship amount: _____
Comments: _____
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**California Organization of Associate Degree Nursing North Director’s Scholarship Application**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

College: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

- **Application Due Date: March 12, 2021 5:00pm. Combine all documents into one single pdf file and email to [COADNnorthscholarships@gmail.com](mailto:COADNnorthscholarships@gmail.com)**
- **Eligible applicants must be an ADN student in the second through fourth semester and/or an LVN/LPN transition to RN student in an ADN program during the spring 2021 semester.**

**Criteria 1 Academic Excellence** Cumulative minimum GPA of 3.0 in the prerequisite courses and English, plus successful completion of the initial nursing course. \*Complete the table below and submit a copy of your college transcripts (unofficial transcripts will be accepted).

Course	Grade	Semester completed (fall or spring /year)
Anatomy		
Physiology		
Microbiology		
English		
Initial (fundamentals) Nursing Course		

**Criteria 2 Recommendation Letter** Submit one letter of recommendation describing your academic potential from a nursing faculty member or the director of the nursing program. \*The letter must be on college letterhead.

**Criteria 3 Financial Need** Demonstration of financial need. \*Completion of financial need section below and submission of previous year’s W-2, or proof of California College Promise Grant (CCPG) fee waiver. Indicate below how are you paying for your nursing education:

California College Promise Grant	
Financial support from family (including room & board)	
Financial Aid	
Supports self/others	
Other	

**Criteria 4 Additional Activities/Achievements** Demonstration of involvement in organizations; commitment to family, school, or community; volunteer work; hardships; special awards, honors, and achievements; underrepresented minority. When listing organizational affiliations, please indicate office held if applicable. Include the year(s) of participation.

Organization(s)	Description of Organization	Year(s)

**Criteria 4 Additional Activities/Achievements continued**

