

**Neree Paprota/Northern California Organization of Associate Degree Nursing Programs Directors' Scholarship**

10 Scholarships: \$600 each (subject to change)

Please return application to: De Anza College  
c/o Judith Clavijo, BSN, MSN  
Director, Registered Nursing  
21250 Stevens Creek Blvd  
Cupertino, CA 95014

Please type or print using black ink.

Scholarship Review Use Only	
Approved_____	Denied_____
Scholarship_____	
Amount_____	
Comments_____	

**General Information**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

Permanent Address \_\_\_\_\_  
street city state zip

Nursing Program \_\_\_\_\_ EMAIL address \_\_\_\_\_

Admission Date \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

**Criteria 1** ADN student in the second to fourth semester of the nursing program or LVN /LPN transition to RN students during spring semester 2013

**Criteria 2 (Academic Excellence)**

Cumulative GPA of 3.0 in the following courses: Anatomy, Physiology, Microbiology, and English **and** completion of first nursing core course. *Indicator: Complete table below and attach a copy of your college transcripts (unofficial transcripts **will** be accepted).*

Course	Grade	Date completed (month/year)
Anatomy		
Physiology		
Microbiology		
English		
Initial Nursing Course		
Additional Nursing Course(s)		

**Criteria 3 (Academic Potential)**

Submit one letter of recommendation from a nursing faculty member or the director of the nursing program describing your academic potential. *Indicator: Attach letter to application; letter must be submitted on college letterhead.*

**Criteria 4 (Financial Need)**

Demonstration of financial need. *Indicator: Completion of attached form and submission of previous year's W-2 with application. Or BOG fee waiver*

**Criteria 5 (Additional Activities or Achievements)**

Demonstration of involvement in organizations, volunteer work and/or special awards, honors and achievements. *Indicator: Completion of attached form; verification may be requested.*

**Application Deadline Date**

Completed application must be received in the De Anza College School of Nursing Office no later than **March 15, 2013 at 5:00 p.m.** INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

**Certification of Student**

I declare that all the information in this application is true and correct to the best of my knowledge.

Date \_\_\_\_\_, 20\_\_\_\_ Applicant's Signature \_\_\_\_\_

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Directors' Scholarship – Page 2**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Financial Need**

Estimated Income for Year that you expect to earn and/or receive for one year)

(Line 1) Expected Earnings	<input type="text"/>
(Line 2) Financial Support from family (including room & board)	<input type="text"/>
(Line 3) Financial Aid	<input type="text"/>
(Line 4) Other Income	<input type="text"/>

How do you plan to continue to fund your education?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Activities**

When listing organizational affiliations, please indicate office held if applicable. Make sure to list the year(s) of participation for all organizations and volunteer work.

Organizations	Description of Organization	Year(s)
Volunteer Work	Description of Volunteer Work	Year(s)
Awards, Honors, & Other Achievements	Description of Award, Honor, or Achievement	Year(s)

Personal statement regarding your situation and need that might assist the scholarship committee in their decision. **Attach additional page if necessary.**

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