KAISER FOUNDATION SCHOOL OF NURSING
ALUMNI ASSOCIATION SCHOLARSHIP

To be considered for a Scholarship from the Kaiser Foundation School of Nursing Alumni Association (KFSNAA), the Applicant must meet the following criteria:

1. Enrolled in an accredited Nursing program (AD, BSN, MSN, DNP, or PH.D Nursing). Accreditation may be through the NLN, AACN, or the California Board of Registered Nursing.
2. GPA 3.0 or higher
3. Second year (or higher) of RN pre-licensure nursing program or if in post-licensure program has passed NCLEX

Submit by: **JUNE 30, 2021** the following:

- Application (see below)
- Official GPA Transcript from the Office of the Registrar.
- A letter of recommendation from a Registered Nurse who can address how the Applicant may be expected to advance the profession of nursing.
- A W-9 form from the school’s Financial Aid office in order to expedite funding of scholarships.
- A letter from the Applicant that includes statements regarding:
  1. Why he/she has chosen nursing as a career.
  2. Expectations/aspirations for how one’s career will contribute to the profession, or to the health of one’s community.
  3. A description of financial need.

KFSNAA NURSING SCHOLARSHIP APPLICATION
STUDENT INFORMATION

Applicant Name: ____________________________________________________________

Last       First          MI

Mailing Address: ____________________________________________________________

__________________________________________________________________________

City      State          Zip

Phone: ___________________________ E-mail: _________________________________

SCHOOL INFORMATION

College/Program Name ___________________________________________ Enrollment Statement Enclosed ______

Type of Nursing Program (please check): ADN_____ LVN to RN _____ BSN _____ ADN to BSN _____
ADN to MSN_____ MSN _____ DNP_____ PhD_____ Other (specify) ____________________________

Year in nursing program_____________________ Anticipated Date of Completion____________________

Please include your student ID number___________________________________________

Name of the School of Nursing where the scholarship check should be

sent:________________________________________________________________________

Contact Person’s Name, at the school, to whom the check should be sent:_____________________

Mailing Address: __________________________________________________________________

________________________________________________________________________________

City      State          Zip

Phone ___________________________ E-mail_______________________________________

How you heard about the scholarship_____________________________________________

Send the above to: KFSNAA Scholarships

1130 Laurel Dr.

Lafayette, CA 94549

The Scholarship Committee will review applications for qualified applicants and make Recipient

recommendations to the KFSNAA Board for final approval. The amount of the Scholarship will be
determined by the funds available and number of qualified applicants. Written Notification of the awards
will be made to the Recipients. **Funds awarded will be sent to the school, to be used toward the student’s
tuition.** Applicant agrees to follow-up with the Alumni Association one year after receiving scholarship to
describe progress in the profession and/or in school.

Initially Adopted: 04/1997   Revised/Amended: 08/18/2020