

**The Friends of Nursing
University of California Davis Health System**

**NURSING SCHOLARSHIP
AWARDS**

The Friends of Nursing at the University of California Davis Health System invite applications for Nursing Scholarships for the 2009/2010 academic year.

The scholarship program has been created to provide financial assistance to UCDMC/UCDHS employees who are also Nursing Students and have been accepted or currently enrolled in an Accredited Nursing Program and have financial need and academic potential. The awards consist of two (2) individual \$500 scholarships.

Application Requirements

Employees must complete the application packet which includes a Statement of Purpose, Statement of Need, two (2) letters of recommendation (one must be from a nursing instructor), professional work reference, **and** college transcript.

The application package is available from your Nurse Manager/Dept. Head or HR/Nurse Recruitment Dept. You may call (916) 734-2742 to have the application sent via e-mail.

Deadline for applications: Monday - April 13, 2009

All applications must be received by 3:00p

Return completed packet to:

***Nurse Recruitment
2730 Stockton Blvd.
Ticon III - Rm. 2500***

THE UCD NURSING SCHOLARSHIP

PROGRAM DESCRIPTION:

The Friends of Nursing at University of California Davis Health System to commit themselves, within their capabilities, to establish, maintain and support a scholarship program. This program shall be known as the UCD Nursing Scholarship Program and shall be developed, supported and administered under the following terms:

- 1. PURPOSE - The UCD Nursing Scholarship Program is created to provide current employees with a means to assist them in achieving their educational goals as a regularly enrolled student towards an Associate Degree in Nursing, Bachelor Degree in Nursing, or Advanced Nursing Degrees. Each scholarship so awarded is intended to recognize academic potential and provide financial support.**
- 2. SCHOLARSHIP NAME - Each scholarship awarded from this Program shall be known as a UCD Nursing Scholarship.**
- 3. SCHOLARSHIP TERMS - Shall be awarded by the Davis Campus from among qualified employees who have financial need and shows academic potential.**
- 4. SCHOLARSHIP AMOUNT - Each UCD Nursing Scholarship awarded shall be at least five hundred dollars (\$500.00). There will be two (2) \$500.00 awards for the 2009/2010 year.**
- 5. FUND AND FUND ADMINISTRATION - The UCD Nursing Scholarship Program shall be supported by a fund held and maintained by the Davis Campus known as the Nursing Scholarship and Awards Fund. The fund shall be used and administered by the Davis Campus as follows:**
 - a. Annually, \$1,000.00 shall be available from the fund to support the scholarship program. This amount may be adjusted based on changing needs and fiscal conditions of the Friends of Nursing.**
 - b. Gifts made to the Fund will be made payable to the Regents of the University of California, to extent possible, and transmitted to the Friends of Nursing for its initiating the acceptance process.**
 - c. The UCD Nursing Scholarship Committee shall consist of four current staff members of UCDHS.**

University of California Davis Health System Friends of Nursing

UCDMC/UCDHS Nursing Scholarship

Data Sheet

Name: _____ Employee ID#: _____

UCD Department: _____ Job Title: _____

Home Phone #: _____ Unit Phone #: _____

Home address:

Street

City/State/Zip

In 2009/2010 - I am/will be:

My expected graduation date is:

___ enrolled in nursing program

___ Transfer from another college

My college is: _____
(Name of School) (City/State)

NOTE: Must provide a copy of your transcripts. (Photocopy acceptable)

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

signature

date

UCD Nursing Scholarship
Statement of Purpose

Name: _____

In the space below, write a brief essay (400 words or less) about yourself and your educational goals. The essay should indicate your specific plans to achieve your education goals, why you chose them and what related experience or knowledge you may have. Please type or print legibly on this page.

UCD Nursing Scholarship
Statement of Need

Name: _____

Please tell us what it will cost you to attend the school you have chosen, and what effect payment of these fees will do to your monetary situation. How will it affect your budget? Please type or print legibly on this page.

UCD Nursing Scholarship
Education/Pertinent Work or Volunteer Experience

Name: _____

List all colleges you have attended (including your present school), with the dates you attended and/or graduated and pertinent work experience.

