Barlow Respiratory Hospital Registered Nursing Scholarship

Guidelines

- Individuals must meet all eligibility requirements.
- Individuals must be nominated by nursing school in Los Angeles, CA.
- Individuals must apply for the scholarship using the attached application form.
- Application form must be complete and submitted to nursing school.
- Applicant must provide official transcripts.
- Applicant must provide proof of U.S. citizenship or registered alien with authorization to work in the United States.
- Nursing School must review applications and select one student to nominate for Nursing Scholarship Award.
- Nursing School must submit selected application with documentation to:
  Barlow Respiratory Hospital
  Attn: CNE
  2000 Stadium Way
  Los Angeles, California 90026
- Applicants selected must be interviewed by Barlow Respiratory Hospital for award selection.
- Award of $2,500 will be made to one selected applicant.
Description

The Barlow Respiratory Hospital Registered Nurse (RN) Scholarship Program is being offered to nursing students in our community interested in working for Barlow Respiratory Hospital as an RN.

Scholarship Conditions of Eligibility:

• Recipient must be enrolled as a full-time student in an accredited nursing program leading to a nursing degree.

• Recipient must maintain a 2.5 grade point average and submit official transcripts with application.

• Recipient must be nominated by nursing schools to apply for the scholarship using the application form.

• Recipient must agree to work as a full-time permanent RN for Barlow Respiratory Hospital for three (3) years upon graduation and RN licensure.

• Recipient must be willing to sign a contract setting forth terms and conditions of the scholarship, at-will employment at Barlow Respiratory Hospital and conditions of repayment if employment is discontinued.

• Recipient must be either a U.S. citizen or a registered alien with authorization to work in the United States.

• Applications will be accepted during November 2016 for December 2016 award.

• Award will be made at graduation, presented by Barlow Respiratory Hospital.

To learn more about Barlow Respiratory Hospital visit our website: www.barlowhospital.org
NOMINATION / RECOMMENDATION
REGISTERED (RN) NURSING STUDENT SCHOLARSHIP

Barlow Respiratory Hospital

Nurse Program Director/Chairperson or Designee Recommendation

ATTENTION Applicant: Applications submitted without this form will be considered incomplete until Barlow Respiratory Hospital receives the completed form. Please print out this form.

PLEASE PRINT OUT THIS SIGNATURE PAGE FOR THE DIRECTOR’S OR AUTHORIZED DESIGNEE’S SIGNATURE.
Attention: Nurse Program Chairperson Office, please complete this form and send via mail to
Barlow Respiratory Hospital Attn: Director of Nursing / Nursing Scholarship
2000 Stadium Way Los Angeles, CA 90026

Applicant’s Name: ____________________________
First: ____________________________ Last: ____________________________

[ ] recommend [ ] do not recommend [ ] recommend with reservation, this student for the Registered Nurse Scholarship Program.
If recommended with reservation (explain why):

I HEREBY CERTIFY THAT THE ABOVE IS ENROLLED AS A FULL-TIME STUDENT IN THE NURSING EDUCATION PROGRAM AT
(Name of Institution): ____________________________

DATE: ____________________________

Name of Nursing Program Director/Chairperson or Designee: ____________________________

Title: ____________________________
APPLICATION
REGISTERED (RN) NURSING STUDENT SCHOLARSHIP

NAME: _____________________________________________________________________
(FIRST, LAST)

ADDRESS: __________________________________________________________________

CITY, STATE, ZIP: __________________________________________________________________

PHONE: ( ___ ) __________________ EMAIL: ____________________________________

DATE OF BIRTH: ______________________ GRADUATION DATE: _________________________

GPA: __________________________

SCHOOL OF NURSING: _______________________________________________________

I AM AUTHORIZED TO WORK IN THE UNITED STATES: □ YES □ NO

U.S. Citizen □ YES □ NO

MY CAREER GOALS: ( Please tell us why or how Barlow Respiratory Hospital meets your career goals. Maximum 250 words )

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