



COADN NORTH DIRECTOR'S SCHOLARSHIP

SCHOLARSHIP INFORMATION: <https://coadn.org/resources/scholarships/>

- **Scholarship amount \$1000**

APPLICATION DUE DATE:

- **March 12, 2021 at 5:00pm** Incomplete and/or Late applications will not be processed.
- **Submit application and all documents into a single pdf file via email to COADNnorthscholarships@gmail.com**

APPLICATION CRITERIA:

- **ADN student in 2nd, 3rd, or 4th Semester.**
- **Academic Excellence: minimum GPA 3.0 in science pre-requisites, English, plus completion of 1st semester.**
- **Recommendation letter from a faculty member regarding academic potential.**
- **Financial need.**
- **Additional activities.**
- **Applicant Personal statement.**



Scholarship Reviewer Use Only
Scholarship amount: _____
Comments: _____

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**
- **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

Family, school, or community	Description	Year(s)
Volunteer	Description of volunteer work	Year(s)
Hardship(s)	Description	Year(s)
Awards, honors, achievements	Description	Year(s)
Underrepresented minority		

Criteria 5 **Personal Statement 250-word maximum – attach a separate sheet of paper if needed.** What is your reason for pursuing a nursing career and how will your career as an RN improve the lives of others?

The information submitted is true and correct. Signature: _____