

# Scholarship Application Form

Application Deadline - May 31, 2023

Thanks to generous donations from the Kelley family, Salinas Valley Health employees and physicians, and other donors in our community, the Salinas Valley Health Foundation is proud to offer a memorial scholarship in memory of long-time Emergency Room Nurse, Kim Kelley.

## **This scholarship is open to:**

Nursing students who are currently attending or have recently been accepted into Hartnell College's Registered Nursing Program, who are interested in a career as an emergency department nurse. Applicants must be US citizens or permanent resident aliens, be at least 30 years old, and meet at least 3 of the following criteria:

- Currently working as a first responder, including firefighters, paramedics, and EMTs
- Qualify as low income, with a household income falling at or below the Monterey County median income based on household size
- Resident of Monterey County
- Custodial parent of a child under 18

## **Application Requirements:**

Applicants must be in good academic standing at Hartnell College, having not been on academic probation within the past 2 semesters. Applicants must express an interest in becoming an emergency department nurse.

## **Amount Award and Terms:**

One \$5,000 scholarship will be awarded. Payment will be made directly to the Financial Aid Office at Hartnell College, and may be used to offset the costs of tuition, academic fees, books, lab supplies, uniforms, and other required program costs.

## **Required Attachments to this Application:**

1. Personal statement (essay) describing why you are interested in Emergency Department nursing, and any other information about yourself that will be useful to the scholarship committee while considering your application.
2. Completed financial statement, including a copy of the summary sheet of your most recently filed tax return (2021 or 2022)

**Full Name \***

First Name      Last Name

**Birthdate**

Month    Day    Year

**Home Address \***

Street Address

Street Address Line 2

City                      State

Zip Code              Country

**Email \***

**Cell Phone \***

**Gender \***

- Male

Transgender Male

Non-Binary
- Female

Transgender Female

**Are you a US citizen or Permanent Resident Alien? \***

Yes                      No

**Qualifying criteria (please select at least 3) \***

- Currently a first responder including firefighters, paramedics, and EMTs
- Qualified as low income
- Monterey County Resident
- Custodial parent of a child under the age of 18

**Are you already enrolled in Hartnell College's RN Program or LVN-to-RN Program, having completed at least one semester? \***

Yes No

**If you are not yet enrolled, have you applied and been accepted to Hartnell College's RN Program or LVN-to-RN Program?**

Yes No

**Program Start Date \***

Month Day Year

**Anticipated Completion Date \***

Month Day Year

**Number of Units Completed (if any)**

**College(s) previously attended**

**Degree(s) completed, if applicable, and year(s) received**

**List any professional certifications that you currently have**

**Will you be working while enrolled in the Nursing Program? \***

Yes No

**Monthly Household Income (gross, from all sources, for all working adults in the household) \***

**Is financial aid necessary to continue your education? \***

Yes

No

**Have you received, or do you expect to receive, a subsidy, grant, or other scholarship to assist with educational expenses? \***

Yes

No

**Applicant's Signature**

By signing the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.