**APPLICATION FOR THE ALPHA PHI SCHOLARSHIP**

This application is for African Americans, enrolled in accredited nursing programs outside of San Joaquin County, California pursuing a generic registered nursing degree or advanced nursing degree.

**INFORMATION ABOUT THE APPLICANT**

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| --- | --- | --- |
| **NAME** | **ADDRESS** | **CITY/STATE/ZIP** |
| **CELL PHONE** | **BEST EMAIL** | **RN LICENSE#** |
| **DATE OF BIRTH** | **MARITAL STATUS** | **PROFESSIONAL CREDENTIALS** |
| **CITIZEN OF USA?** | **PERMANENT RESIDENT?** | **CURRENT EMPLOYER/POSITION** |
| **EMPLOYER ADDRESS/PHONE** | **ADDRESS** | **EMAIL** |

**PERSONAL STATEMENT DESCRIBING WHY YOU SHOULD BE CONSIDERED FOR THIS SCHOLARSHIP**

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| **Current organization Memberships** |
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| **Honors/Awards Received** |
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**INFORMATION REGARDING APPLICANT’S EDUCATION**

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| --- | --- | --- | --- |
| **NURSING PROGRAM STARTING WITH CURRENT** | **YEARS OF ATTENDANCE** | **TYPE OF DEGREE** | **CUMULATIVE GPA** |
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**ABOUT CURRENT EDUCATION STATUS*APPLICANT MUST NOT BE IN FINAL SEMESTER OF PROGRAM***

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| **CLASSIFICATION LEVEL GENERIC? UNDER GRAD?** | **MAJOR** | **FULL/PART TIME** | **EXPECTED GRAD DATE** |
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**COMMUNITY SERVICE ORGANIZATIONS/ACTIVITIES**

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**SCHOLARSHIP PACKET MUST INCLUDE:**

**1. Completed application (incomplete applications will not be considered).**

**2. Include official transcript**

**3. Include 2 professional letters of recommendation (1 from academic instructor and the other from employer, minister,etc but no relatives).**

**4. A personal statement (maximum 500 words) describing why you should be considered for this scholarship).**

**Rev. 9/21**