Student Nurse Scholarship Application

NAME_____________________________________     MJC W#_________________________________

PHONE NUMBER____________________     E-mail ADDRESS_________________________________

Please circle:  MJC Campus       Columbia Campus

Instructions for applying: Please fill out this application; answer the following questions, and attach a one page typed letter (12 font, signed & dated) explaining why you want to be a nurse and why you need financial assistance. In addition, please attach one signed letter of reference (dated within the last year) from a past employer, instructor, or personal acquaintance. Submit your application and letters between the Friday of finals week through the Monday before school starts by 5pm.

Incomplete applications and/or applicants that do not follow the above instructions will not be considered.

I am entering the (circle one)  First    Second    Third    Fourth    Semester

Have you received a book loan from the nursing program? _______yes_______no

Have you received a nursing alumni scholarship in the past?_______yes_______no  If yes when and how much?

Are you receiving any other financial assistance for your schooling?_______yes_______no  If yes, from what source and how much?

If you are a current nursing student, have you volunteered in the program?_______yes_______no  If yes when and in what way did you volunteer?

Number of dependent children and ages__________________________________________________________

Number of dependent children living with you____________________________________________________

I am (circle one)  married     single     divorced

Please note: These scholarships are intended for nursing students who need financial assistance and are responsible and dedicated to their studies. Students who receive scholarship funding are encouraged to “give back” as evidenced by volunteering time to program activities and/or facilities. In addition, if funding is received, we strongly urge you to draft a thank-you response to the Nursing Alumni Association describing how funding was utilized. You may submit this response to Laura DeFreitas.

Submit all documents to:
Modesto Junior College
C/o Laura DeFreitas, Nursing Alumni Association
435 College Ave. Modesto, CA 95350

Revised 9/14/15 Led Office Use Only: Granted:_____ Denied:_____ Amount:_______ Date:__________________