California State University, Stanislaus School of Nursing (SON)  
Modesto Junior College (MJC)  
Sequential Enrollment Application

Goal:  
The goal of the sequential enrollment pathway is to increase the number of Bachelor of Science in Nursing (BSN) prepared students in the area by increasing the number of RN-BSN transfers between Modesto Junior College (MJC) and California State University, Stanislaus, leading to a more highly educated nursing workforce in Stanislaus County. Selected students attending the MJC Associate Degree Nursing (ADN) program will be able to begin BSN coursework while they are still students in the ADN program.

Objective:  
To provide full or partial scholarships to MJC nursing students to complete up to four online RN-BSN courses at CSU, Stanislaus during the summer semesters.

Applicant Requirement:  
- Must be a nursing student in the Modesto Junior College Associate Degree Nursing Program who has completed all lower division general education (GE) transfer coursework for a BSN program. Priority will be given to ADN students who have successfully completed 60 transfer level courses.
- Committed to attending two consecutive online summer sessions at CSU, Stanislaus
- Committed to continuing on to complete the BSN program after completion of the ADN program
- Accountable for submitting all documents listed in the CHECKLIST.

Timeline:  
- The application period will be from March 1 through March 31 of each year. Applications must be received or post marked to the CSU, Stanislaus School of Nursing office, or Modesto Junior College Allied Health office by March 31st. Applicants will be selected by MJC and CSU, Stanislaus faculty.
Application for Sequential Enrollment Pathway

California State University, Stanislaus School of Nursing (SON) and Modesto Junior College (MJC) Associate Degree Nursing (ADN) Program

This is a voluntary and confidential application form to be used by the School of Nursing scholarship Committee. All applicants must be ADN students in the Modesto Junior College Associate Degree Nursing Program. In order to fully understand the applicant’s need and to make equitable choices of scholarship recipients, the information should be carefully completed and clearly stated. Data will be gathered three years following graduation; students are required to provide current contact information.

Name: ________________________________ Cumulative GPA (minimum 2.75 to qualify) ________

Email address: ________________________________ Phone: _______________________

Permanenat Mailing Address: (Home residence, P.O. Box, etc.)

Address: __________________________ City: __________________________ Zip code: ________

- Notification is expected if contact information changes within three years after graduation.

I live in Stanislaus County: Yes ___ No ___ if no, include county: ________________________________

I am an LVN with an active license: Yes ___ No ___ I am a Veteran: Yes ___ No ___

I have completed the upper division general education (GE) courses: Yes ___ No ___

Upper division GE courses completed: ____________________________________________
_____________________________________________________________________________

Your planned health career: ____________________________

Ethnicity -Please check box that applies (optional)
☐ Asian (if not included in another category)
☐ American Indian or Alaskan Native
☐ Asian Indian
☐ Black or African American
☐ Filipino
☐ Hispanic or Latino
☐ Native Hawaiian or Other Non-Filipino Pacific Islander
☐ Two or more races
☐ Other race
☐ Unknown race & ethnicity
☐ White/Caucasian
PERSONAL STATEMENT

Please answer each of the following questions using up to 500 words each. Answers must be typed using Times New Roman, font 12, single spaced. Spell check and grammar check is advised. Attach answers to completed application and label them as PERSONAL STATEMENT.

1) Why you are continuing your education, and what you will do with your degree in the Stanislaus County service area?

2) A personal statement telling the scholarship committee about yourself. The personal statement prompt is “What should we know about you?” You may want to write about one or more of the following: your nursing history, your nursing goals and dreams for the future, what obstacles you’ve overcome and how, what you have learned about yourself, who inspires you?

LETTERS OF RECOMMENDATION

Please provide one letter of recommendation (signed and dated) with your application. The letter should be from a current faculty member or manager at your place of work, or from an individual who is familiar with your character, interests, and/or involvement in the community (no family members).

Please complete or obtain the following documents and submit them with the completed application.

CHECKLIST:

☐ Completed Application
☐ Unofficial transcripts
☐ Completed personal statement
☐ One letter of recommendation – signed and dated
☐ ADN to BSN GE Certification – verified by college counselor
☐ Supporting Documentation Form D – Need to Work (if applicable)
☐ Life Experiences or Special Circumstances Supporting Documentation Form (if applicable)
☐ Verification of active LVN license (if applicable)
☐ DD214 and/or NGB22 (if applicable)

Please mail or hand-deliver the completed application packet in a 10 X 13 manila envelope to:

CSU, Stanislaus School of Nursing 1 University Circle, Turlock CA, 95382 Attn: Dr. Mary Jo Stanley

- or -

Hand deliver only - completed packet to MJC Allied Health Attn: Kelly Butler

Application must be received or postmarked by March 31st.

I certify that all of the information in this application is valid and accurate.

Student Signature: ___________________________ Date: ___________________________