

**COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES
OFFICE OF NURSING AFFAIRS
APPLICATION FOR THE MICHAEL D. ANTONOVICH
REGISTERED (RN) NURSING STUDENT SCHOLARSHIP**

Nurse Program Director/Chairperson or Designee Recommendation

ATTENTION Applicant: Applications submitted without this form will be considered incomplete until the Office of Nursing Affairs receives the completed form. Please print out this form.

PLEASE PRINT OUT THIS SIGNATURE PAGE FOR THE DIRECTOR'S OR AUTHORIZED DESIGNEE'S SIGNATURE.

Attention: Nurse Program Chairperson Office, please complete this form and send via mail or email to:

Mailing Address: County of Los Angeles - Department of Health Services Administration
Office of Nursing Affairs
313 N. Figueroa St., Room 908
Los Angeles, CA 90012
ONA@dhs.lacounty.gov

Applicant's Name First _____ Last _____

I recommend do not recommend recommend with reservation, this student for the Antonovich Registered Nurse Scholarship Program.

If recommended with reservation (explain why?)

I HEREBY CERTIFY THAT THE ABOVE IS ENROLLED AS A FULL-TIME STUDENT IN THE NURSING EDUCATION PROGRAM AT

(Name of Institution): _____

Name of Nursing Program Director/Chairperson or Designee DATE _____

Title