



Los Angeles County School of Nursing Alumni Association

JOAN F. BARRERA MEMORIAL SCHOLARSHIP IN NURSING APPLICATION

I. PERSONAL INFORMATION

- Name _____
(Last) (First) (Middle)
- Email Address _____
- Local Address _____ Telephone _____
(Number & Street) (City) (State) (ZIP)
- Permanent Mailing Address _____
(Number & Street) (City) (State) (ZIP)
- Date of Birth _____
- CONAH CAMs Student Profile #: _____
Example: CAMs Student ID# (ex: A000 000 1234)
- Do you have dependents? Yes, ages: _____ No
- Complete the fields below if you are a Dependent Student, Otherwise Skip to #8:
Name of Parents or Guardian _____
Address of Parents or Guardian _____
(Number & Street) (City) (State) (ZIP)
- Did you apply for: FAFSA CADAA None

II. EDUCATIONAL INFORMATION

- List all of your educational experience to date:

Name of College	Dates Attended	Graduation Date	Degrees	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
- The semester for which the scholarship is requested:
 Semester 1 Semester 2 Semester 3 Semester 4
- Expected date of graduation: May 20____ December 20____
- You are a: New Student Continuing Student Returning Student

III. ACTIVITY AND WORK INFORMATION

- List high school, college and community activities including offices held and awards received (Use separate sheet of necessary).

Organization	Offices/Awards	Period of Time Participated
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List work experience performed while attending the nursing program.

Type of Work	Type of Company	Number of work hours per week
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. APPLICANT'S INCOME AND EXPENSES PER YEAR

Note: All applicants must have applied for financial assistance via the FAFSA/CADAA.

1. Did you file for financial assistance via the FAFSA/CADAA? Yes
 If no, please see Financial Aid Office at least 3 days before the application deadline if assistance is needed
2. Are you a Cal Grant recipient? If yes, choose one: Cal Grant A Cal Grant B Cal Grant C
 No
3. Do you have a handicap for which you incur expenses for special services, transportation, equipment, and supplies that are not provided for by any other assisting agencies?
 Yes No

IF YES, please use the space below to describe your handicap and list the special service(s) you require along with the amount you spend each month for these services.

4. Do you have any unusual/special circumstances?
 If yes, please explain in the essay No

V. CERTIFICATION (Applicant's Statement)

In case I am granted this scholarship, I hereby certify that:

1. I am in need of the scholarship in order to continue my college work this semester.
2. I further certify that all of the information reported on this form and all other financial aid forms is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial and/or repayment of scholarship fund.
3. I affirm that to the best of my knowledge; I do not owe a repayment on any grants previously received for study at any institution. To the best of my knowledge, I am not in default on any loans previously received during attendance at any institution, and I have not borrowed in excess of loan limits under the Title IV programs at any institution.
4. I hereby consent the release of my academic and financial aid information to the Los Angeles County School of Nursing Alumni Association.

SIGNATURE OF APPLICANT _____

DATE _____