

CALIFORNIA LEAGUE FOR NURSING, INC.

NURSING SCHOLARSHIP APPLICATION ___ AD N ___ BSN ___ Master's ___ Doctorate

Name: _____ Phone: () _____

Address: _____

School: _____

Address: _____

Year in School: _____ Expected Date of Graduation: _____ Cumulative GPA: _____

Official Documentation Enclosed: Check one: () current transcript () current grade report
Completed Nursing Courses (List course and when completed)

Name of course	Units		Date completed
_____	_____	__ Sem	_____
		__ Qtr	_____
_____	_____	__ Sem	_____
		__ Qtr	_____
_____	_____	__ Sem	_____
		__ Qtr	_____
_____	_____	__ Sem	_____
		__ Qtr	_____

References (enclosed in sealed envelopes with letter writer's name written over seal)

1. Name: _____

Address: _____

Phone Number () _____

2. Name: _____

Address: _____

Phone Number () _____

NOTE: Completed application and all supporting documentation needs to be received by **May 1, 2004** in order to qualify for consideration. Mail completed application to:

Sheri Shields, RN, MSN
Chair, CLN Nursing Scholarship Committee
Santa Barbara City College
721 Cliff Drive
Santa Barbara, CA 93109-2394