



## Salida Fire Department Women's Auxiliary

### Nursing Scholarship Application

Number of Awards: Up to 2 scholarships in the amount of up to \$500.00 each shall be provided to be awarded to a nursing student residing in the Salida Fire Protection District who has successfully completed his/her 1<sup>st</sup> year in **an ADN or BSN pre-licensure nursing program** with a minimum 3.0 GPA.

Eligibility: The student and/or immediate family (parents/legal guardians) must reside in the Salida Fire Department District or be actively involved in the Salida Fire Department. All eligible students must submit a completed application, 2 letters of recommendation (teachers, employers, community leaders, etc., no family members), a 300-400 word essay defining educational and career objectives and official college transcript(s). All eligible nursing students must submit an application to the Auxiliary **by October 15th for the Fall semester and February 15<sup>th</sup> for the Spring semester**. This scholarship can be awarded to an individual only once. Documents are to be submitted and post-marked by the due date of the current year to the following address:

Salida Women's Auxiliary  
P O Box 1131  
Salida, CA 95368

The application is available to download on our website:

<http://www.salidafire.com/aux/index.html>

# Salida Fire Department Women's Auxiliary Nursing Scholarship Application

To be completed by student:

**Applicant Data** Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date of birth \_\_\_\_\_

**Parent(s) or Guardian(s)** Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**College Data** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

**College Data** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Date of Graduation \_\_\_\_\_

If attendance has been at more than two colleges, please continue on separate piece of paper.

**Community Activities** List community activities you participated in, number of years, special awards, offices held in the past three years.

Activity	No. of years	Special Awards/Offices Held
_____		
_____		
_____		
_____		
_____		

**Work Experience** List work experience for the current and last calendar year.

Employer	Position	From mo/yr to mo/yr	Hours per week
_____			
_____			
_____			

**Applicant Certification** I certify I meet the basic eligibility requirements for this scholarship and the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this form.

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_