February 22, 2010

To Whom It May Concern,

We need your help to disburse about $1.7 million in scholarships and loan repayments!

The Health Professions Education Foundation (Foundation) would like to provide you with some information about our nursing scholarship and loan repayment programs. The Foundation offers scholarships and loan repayments to health professional students and graduates who are enrolled or accepted into an accredited allied healthcare, vocational nurse, registered nurse, and advance nursing programs or currently practicing direct patient care in a medically underserved area. Eligible students may receive up to $8,000 for vocational nurses; up to $10,000 associate degree in nursing; up to $19,000 for bachelor science of nursing; and up to $20,000 for nurse practitioners, certified nurse midwives, and clinical nurse specialists.

Enclosed you will find a flyer and applications for the nurse scholarship and loan repayment programs. Please distribute this information to students and licensed vocational nurse, registered nurses, nurse practitioners, certified nurse midwives, and clinical nurse specialists who may qualify. The Foundation will be having a technical assistance conference call on:

Scholarship Programs: February 11 & March 1 from 12:00 p.m. – 1:00 p.m.
- Allied Healthcare
- Vocational Nurse
- Licensed Vocational Nurse to Associate Degree Nursing
- Associate and Bachelor Degree of Nursing
- Health Profession Education

Loan Repayment Programs: February 8 & March 4 from 12:00 p.m. – 1:00 p.m.
- Licensed Vocational Nurse
- Bachelor Degree of Nurse
- Health Profession Education

To learn more about our programs, please visit our website at www.healthprofessions.ca.gov.

Should you have any questions regarding the program or the application process, please feel free to contact Stephanie Tran for Allied Healthcare and Vocational Nursing, and Margarita Miranda for Associate, Bachelor and Advanced Degrees of Nursing at (800) 773-1669 or (916) 326-3640. Thank You!

Sincerely,

Stephanie Tran
Program Officer

Margarita Miranda
Program Officer
CALIFORNIA'S VOCATIONAL NURSING SCHOLARSHIP & LOAN REPAYMENT PROGRAMS

The Health Professions Education Foundation offers three types of vocational awards: Vocational Nurse Scholarship, Licensed Vocational Nurse to Associate Degree Nurse Scholarship, and the Licensed Vocational Nurse Loan Repayment Program. The purpose of these awards is to increase the number of vocational nurses practicing in medically underserved areas of California.

Awards are available for students enrolled or accepted into an accredited California vocational nursing program or to graduates who are licensed by the Board of Vocational Nurses and Psychiatric Technicians.

Awardees may receive up to:
- Vocational Nurse Scholarship - $4,000
- Licensed Vocational Nurse to Associate Degree Nursing Scholarship - $8,000
- Licensed Vocational Nurse Loan Repayment Program - $6,000

For applications, guidelines, or funding information about the Vocational Nurse Education Programs, please visit us on the Web site:

www.healthprofessions.ca.gov

Or call us at (800) 773-1669 or (916) 326-3640

Spring Application Postmark Deadline: March 24
Fall Application Postmark Deadline: September 11
Vocational Nurse Scholarship
Licensed Vocational Nurse to Associate Degree Nursing Scholarship
Licensed Vocational Nurse Loan Repayment Application

Spring Postmark Deadline: March 24, 2010
Fall Postmark Deadline: September 11, 2010

Giving Golden Opportunities by:

Increasing the supply of licensed vocational nurses practicing in underserved areas
Improving access to healthcare in rural and urban areas of California
Helping students pursue a career in the health professions
Awarding nurses who are dedicated to practicing in underserved communities

Rev. 1-20-2010
Application Instructions

If you would like receipt confirmation of your application packet, please submit one self-addressed stamped envelope with your application.

You must be a California resident and a citizen or permanent resident of the U.S. to apply.

The purpose of the Vocational Nurse (VN) Scholarship, Licensed Vocational Nurse to Associate Degree Nursing (LVN to ADN) Scholarship, and Licensed Vocational Nurse Loan Repayment (LVNL) programs are to increase the number of vocational nurses practicing in medically underserved areas (MUA) of California and to assist LVNs in pursuing their Associate Degree in Nursing (ADN).

Applications for the VN Scholarship, LVN to ADN Scholarship, and LVNL programs are accepted biannually in March and September. Monies awarded under this program are intended to pay or repay tuition, required fees, books, supplies, and educational equipment costs related to the applicant’s nursing education. All awards are subject to the availability of funding.

Recipients are required to sign a written contract with the Health Professions Education Foundation (Foundation) outlining the provisions which must be met to fulfill the obligations under this program. Failure to comply with the terms of the contract may result in the awardee’s repayment of the funds awarded plus interest and they will be ineligible for other Foundation programs.

Applicants who have signed a contract or written agreement with another entity to practice services in exchange for financial assistance, including tuition reimbursement, scholarship, loans, or loan repayment, shall be ineligible to receive an award until the obligation to this other entity has been fulfilled.

**SELECTION CRITERIA**

Selection for the VN Scholarship, LVN to ADN, and LVNL programs is based solely on information contained in the application and supporting documentation. Selection for awards is based on the following criteria:

- **Work Experience** - nursing and healthcare work experience in a medically underserved area (MUA).

- **Financial Need** - actual or potential difficulty in completing education in the absence of an award.

- **Career Goals** - professional goals for the next five (5) to ten (10) years.

- **Community Service** - documented volunteer service and/or activities, particularly in a MUA.

- **Community Background** - family structure, socio-economic background and community where applicant grew up.

- **Academic Performance** - prior and current academic performance.

Priority will be given to applicants whose community background and commitment indicates a likelihood of long-term employment in a MUA even after the service obligation ends. Awards are made on a competitive basis. Each part of the application must be completed and supporting documentation must be submitted by the appropriate deadline. Only complete applications will be evaluated. The Foundation will not notify individuals if their application is incomplete.

**VOCATIONAL NURSE SCHOLARSHIP ELIGIBILITY**

Students may receive up to $4,000 for the VN Scholarship. Scholarships are funded for one (1) academic year, generally two (2) semesters or three (3) quarters. Graduation dates may impact the amount of funding you are eligible to receive.

**Scholarship Eligibility** - Scholarships are available to students who are enrolled or accepted in an accredited VN Program. Awardees must sign a contract with the Foundation and agree to the following terms:

- **Be a full-time or part-time student** (no less than six (6) units) in a California accredited school.

- **Maintain a minimum cumulative GPA of 2.0 or grade average of C or better** each year scholarship funds are sought.

- **Complete a 2-year service obligation** to practice in a MUA of California as a LVN providing direct patient care full-time or a minimum of 32 hours per week.

**LVN TO ADN SCHOLARSHIP**

Students may receive up to $8,000 for the LVN to ADN scholarship. Scholarships are funded for one (1) academic year, generally two (2) semesters or three (3) quarters. Graduation dates may impact the amount of funding you are eligible to receive.

Scholarships are available to LVN students who are enrolled or accepted in an accredited ADN Program. Priority will be given to students who will be graduating within one (1) to two (2) years. Awardees must sign a contract with the Foundation and agree to the following terms:

- **An LVN applicant who is eligible to apply for the Associate Degree in Nursing Program (ADN) must first apply to that program, and if rejected, will then be considered eligible to apply for the LVN to ADN Scholarship. Applications for the LVN to ADN scholarship must be made within 12 months of rejection from the ADN Program.**

- **Be a full-time or part-time student** (no less than six (6) units) in a California accredited school.

- **Maintain a minimum cumulative GPA of 2.0 or grade average of C or better** each year scholarship funds are sought.

- **Complete a 2-year service obligation** to practice in a MUA of California as a RN providing direct patient care full-time or a minimum of 32 hours per week.

- **Be a LVN with a current and active California license** and be in good standing with the Board of Vocational Nursing and Psychiatric Technicians (BVNPT).

Upon completion of the ADN, applicant must provide official transcripts to Foundation.

Rev. 1-20-2010
SUBMIT THE FOLLOWING
1. Completed Application
Complete all pages of this application. It must be completed, signed, and dated to be considered eligible.

2. Official Transcript(s)
The transcript(s) must be marked official by the school and delivered to the Foundation in a sealed envelope. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in open/unsealed envelopes.

3. Personal Statement (Part D of the Application)
Your statement must be typed and no more than two (2) pages. Statement must provide a comprehensive response to each question. Restate and number each question along with your answer. Personal statements that lack detail may be considered incomplete and therefore, ineligible.

4. Two Professional Letters of Recommendation
Letters of recommendation must be signed and dated within six (6) months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member. To receive maximum credit for community service, a letter from the agency where service was provided must be submitted.

5. Program Completion Verification Form
This form must be signed by the nursing program director or a faculty member authorized to sign on the director's behalf. The Program Completion Verification Form is enclosed as part of the scholarship application and can also be downloaded from the Foundation's website at www.healthprofessions.ca.gov.

6. Verification of Language Fluency, if applicable
Fluency in a second language must be verified on the Employment or Program Completion Form or in a letter of recommendation from employer or school facility.

7. Student Aid Report (SAR)
Students must submit the final 2009-2010 or 2010-2011 SAR. The SAR must indicate the student's expected family contribution (EFC). The FAFSA is available from all college financial aid offices and is also available on the Internet at www.ed.gov/offices/OPE/express.html. Do not submit FAFSA.

OR
Signed 2009 Federal Tax Return and all W-2s - Applicants who do not apply for financial aid must submit a complete copy of their 2009 Federal Tax Return with all W-2s. DO NOT SEND STATE TAX RETURN.

8. Proof of current and active California VN license and be in good standing with the BVNPT.

LOAN REPAYMENT ELIGIBILITY
The LVN Loan Repayment Program repays up to $6,000 in educational debt that was incurred while attending an accredited VN program.

Loan repayment awards are available to LVNs with a current and active California license who are currently practicing in a MUA. If you have any questions about whether your facility qualifies as a MUA, please contact the Foundation at (800) 773-1669.

Awardees must sign a contract with the OSHPD and agree to the following terms:

-- Be a LVN with a current and active California license and be in good standing with the BVNPT.

-- Complete a 2-year service obligation to practice in a MUA of California as a LVN providing direct patient care. While completing the service obligation, work full-time or work a minimum of 32 hours per 5-day period or work week.

SUBMIT THE FOLLOWING
1. Completed Application
Complete all entries and pages of this application. It must be completed, signed, and dated to be considered eligible. Incomplete applications will not be considered.

2. Official Transcript with LVN Certification of Program Completion
The transcript must be marked official by the school and delivered to the Foundation in a sealed envelope. If the school does not release official transcripts to the student, the transcript may be sent directly from the school to the Foundation. The Foundation will not accept unofficial transcripts, copies or print outs of transcripts, or transcripts in open/unsealed envelopes.

Your LVN Certification of Program Completion must be posted on the transcript unless you are a student in the final year in a course of study leading to a LVN Certification of Program Completion. If you are in the final year of the VN program, submit the most current transcript(s) that illustrate your VN education to date.

3. Personal Statement (Part D of the Application)
Your statement must be typed and no more than two (2) pages. Statement must provide a comprehensive response to each question. Restate and number each question along with your answer. Personal statements that lack detail may be considered incomplete and therefore, ineligible.

4. Two Professional Letters of Recommendation
Letters of recommendation must be signed and dated within six (6) months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a faculty member.

Rev. 1-20-2010
To receive maximum credit for community service, a letter from the agency where service was provided must be submitted.

5. Employment Verification Form (EVF)
This form must be signed by an official in your department. The EVF is enclosed as part of this application. Applicants can also download this form from the Foundation’s website at www.healthprofessions.ca.gov.

6. Proof of current and active California VN license and be in good standing with the BVNPT.

7. Verification of Language Fluency, if applicable
Fluency in a second language must be verified on the Employment Verification Form or in a letter of recommendation from employer or school faculty.

8. Signed 2009 Federal Tax Return and all W-2s
DO NOT SUBMIT A STATE TAX RETURN. The State Tax Return will not be accepted in lieu of the Federal Tax Return.

9. Educational Debt Reporting Form
Submit the attached educational debt reporting form. If any information is not filled in, the application will be considered incomplete.

10. Lender Statements
Attach copies of your most recent lender statements (no more than six (6) months old) with your name, the name of lender, balance owing, account number, and monthly payments.

EXISTING SERVICE OBLIGATION
Applicants who owe a service obligation to practice direct patient care to another entity entered into before filing an application with the Foundation are ineligible to receive an award. Previous obligations must be completed before applying. Awardees who breach their contract with the Foundation will not be allowed to reapply for additional awards.

APPLICATION SUBMISSION
Applications must be postmarked by the deadline. In order to be eligible, each part of the application must be completed. All supporting documentation must be submitted by appropriate deadline. The Foundation will not notify applicants if their application is received incomplete. Applicants are urged to contact the Foundation at (800) 773-1669 prior to the final filing date to verify if their application was received complete. Do not bind or submit applications in a loose-leaf binder.

NOTIFICATION OF AWARDS
The Foundation will notify applicants of their application results within 120 days of the postmark deadline.

For additional information on how to complete this application, please visit the Foundation’s website to view Frequently Asked Questions, a technical assistance call and a powerpoint presentation.

SPRING POSTMARK DEADLINE: MARCH 24, 2010
FALL POSTMARK DEADLINE: SEPTEMBER 11, 2010

Submit applications to:
Health Professions Education Foundation
VN Programs
400 R Street, Suite 460
Sacramento, CA 95811
(800) 773-1669 or (916) 326-3640

Rev. 1-20-2010
Which program are you applying for?  ☐ VN Scholarship ($4,000) ☐ VN Loan Repayment ($6,000) ☐ VN to ADN Scholarship ($8,000)
Please enter the award amount you are requesting: ____________________________

PART A - PERSONAL INFORMATION
Applicants may apply for only one award using this application (Please type or print your answers legibly in the space provided).

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Mrs.</th>
<th>Ms.</th>
<th>Dr.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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CA Drivers License Number: ____________________________  *Social Security Number: ____________________________

Mailing Address:
City: ____________________________  State: ____________________________  Zip Code: ____________________________
County: ____________________________
Permanent Address (if different than above):
City: ____________________________  State: ____________________________  Zip Code: ____________________________
County: ____________________________
Home Phone: (____) ____________________________  Date of Birth: ____________________________
Cell Phone: (____) ____________________________  E-mail Address: ____________________________
Work Phone: (____) ____________________________  Gender: ☐ Male ☐ Female  Marital Status (Optional): ☐ Unmarried ☐ Married
Are you a citizen or permanent resident of the U.S.? ☐ Yes ☐ No  Are you a California resident? ☐ Yes ☐ No
Number of dependents other than self and spouse (as declared on tax returns or student aid report):
Which best describes your ethnic background (optional)? This information is collected for statistical purposes only.
☐ African American  ☐ White/Caucasian  ☐ Native American
☐ Asian American  ☐ Hispanic/ Latino  ☐ Pacific Islander
☐ Other (Please specify) ____________________________

PERSONAL INFORMATION NOTIFICATION
The Information Practices Act of 1977 and the Federal Privacy Act require this program to provide the following to individuals who are asked by the Office of Statewide Health Planning and Development, Health Professions Education Foundation to supply information: The principal purposes for requesting personal information are for verification of identification, establishment of eligibility and program administration. Program regulations (Chapter 16 of Title 22 of the California Code of Regulations, Sections 97800 et seq.) require every individual to furnish appropriate information for application to the Licensed Mental Health Service Provider Education Program. All requested information is required unless it is specifically identified as voluntary. Failure to furnish this information may result in the return of the application as incomplete. An individual has a right of access to records containing his/her personal information that are maintained by the Office of Statewide Health Planning and Development, Health Professions Education Foundation. The person responsible for maintaining the information is the Program Director, Health Professions Education Foundation, 400 R Street, Sacramento, CA 95811, (916) 325-3640. The Foundation may charge a small fee to cover the cost of duplicating this information.

FOR OFFICIAL USE ONLY
App inquiry: (____) (____) (____) (____) (____) (____) (____) (____) (____) (____)  HPEF Contact: ____________________________  for: ____________________________
Input By: ____________________________  MUA: Yes / No  CTF#: ____________________________
Reviewed By: ____________________________  Comments: ____________________________

*MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS
Disclosure of your U.S. Social Security Number is mandatory. Section 30 of the Business and Professionals Code and Public Law 94-455 (42USCA 405(o)(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.
PART B – WORK EXPERIENCE
1. Are you currently employed as an LVN? ☐ Yes ☐ No
If yes, provide license # _______________ Expiration Date: ___/___/___

PART C – COMMUNITY & LANGUAGE BACKGROUND
1. List any languages in which you are fluent. This must be verified by the applicant’s employer on the Employment Verification or Completion Verification Form.

1st language: ______________________________________________________

2nd language: ______________________________________________________

3rd language: ______________________________________________________

2. Have you lived in an economically disadvantaged background (income below the federal poverty level, low income, subsidized income, qualified for public programs, lived in rural, inner city or medically underserved area) for at least two (2) years? ☐ Yes ☐ No

If you selected yes, please describe in your personal statement under question #5 and check the appropriate range of years.

☐ 2-5 years    ☐ 6-10 years    ☐ 11 or more years

PART D – PERSONAL STATEMENT
Attach your personal statement to the application. Your statement must be typed and no more than two (2) pages. Restate and number each question along with a comprehensive response to each question. Personal statements that lack detail may be considered incomplete and therefore, ineligible.

VN and LVN to ADN Scholarship applicants must answer all questions.
LVN Loan Repayment applicants must answer questions 2 - 7.

1. What kind of work would you like to do immediately after graduation?

2. What kind of work do you think you’ll be doing in five (5) years?

3. What are your professional goals for the next five (5) to ten (10) years, as they relate to a Licensed Vocational Nurse or Registered Nurse profession?

4. Describe any community service, volunteer activities, or club memberships within the past two (2) years (Please include any letters of recommendation you may have with your application packet. Do not include experience for which you received academic credit.)

5. Describe your family background including your parent or guardian’s occupation, marital status, family size such number of dependents including yourself, where you were raised, first in family to attend college, English as a second language, and any factors that help describe your family’s socio-economic situation.

6. Describe how your background is relevant to your interest in pursuing a nursing career. Do you see your background as an advantage, disadvantage, or both?

7. Please add any other information you believe is relevant, i.e., certificates/awards.

Rev. 1-20-2010
PART E – QUESTIONNAIRE

Are you a previous awardee of the Foundation? □ Yes □ No
If yes, please enter the contract #: ________________________________

Do you currently owe a service obligation to another entity? □ Yes □ No

"Service Obligation" means the contractual obligation agreed to by
the recipient of the scholarship or loan repayment where the recipient
agrees to practice their profession for a specified period of time in
or through a designated facility.

Where did you hear about the Health Professions Education Program?
(Check all that apply)
□ Work (employer or co-worker) □ Friend/Acquaintance
□ TV □ Radio □ Foundation Website
□ Other Website □ Advertisement
□ Newspaper or Publication (please specify) ________________________________
□ Organization or Affiliation (please specify) ________________________________
□ Other Source (please specify) ________________________________

Where did you receive the Health Professions Education Program
application? (Check only one)
□ Program Director/Instructor □ Foundation Office
□ Foundation Website □ Other Website
□ Work (employer/co-worker) □ Friend/Acquaintance
□ Other (please specify) ________________________________

PART F – LVN to ADN Scholarship (only LVN to ADN
applicants)

The Vocational Nurse regulations specify that an LVN applicant must
first apply and be rejected from the Foundation’s ADN program. To
ensure your eligibility for the LVN to ADN program, please check the
following box if you would like your application to be reviewed by the ADN
advisory committee. If you are not awarded by the ADN program,s your
application will be automatically considered eligible for the LVN to ADN
program.

□ Yes, please submit this application to the ADN program
□ No, please do not submit this application to the ADN program

Note: if you select no, you will be ineligible for the LVN to ADN program

PART G – REFERENCES

List names, relationship, address and telephone numbers of
three (3) persons not living with you -- preferably relatives.

Name: ___________________________________________________________
Street Address: ____________________________________________________
City: ___________________________ State: ______ Zip Code: ____________
Relationship ______________________________________________________
Telephone Number: ________________________________________________

Name: ___________________________________________________________
Street Address: ____________________________________________________
City: ___________________________ State: ______ Zip Code: ____________
Relationship ______________________________________________________
Telephone Number: ________________________________________________

Name: ___________________________________________________________
Street Address: ____________________________________________________
City: ___________________________ State: ______ Zip Code: ____________
Relationship ______________________________________________________
Telephone Number: ________________________________________________

PART H – APPLICATION CERTIFICATION

I certify that all information in this application is true and accurate to the
best of my knowledge. I authorize the Foundation to verify any information
submitted as part of this application. I understand that falsification of information
contained in this application will disqualify my application and the BVNPT
will be notified. I understand that if falsification is discovered after I have
been awarded or if I breach my contract, I will be required to repay all funds
awarded, plus interest and administrative fees. I understand that once
submitted, my application and supporting documents become the rights
of the Foundation. I also understand that my personal statement becomes
the property of the Foundation and may be used, including but not limited to,
advertising/marketing, program reports, newsletters, and other publications.

Last Name: _______________________________________________________
First Name: ___________________________ Middle Initial: __________
Applicant’s Signature: ______________________________________________
Date: ________________________________

Rev. 1-20-2010
Work History

Applicant's Name: ____________________________

Please list all work experiences. List most recent employer first (maximum of 4 employers).

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<tr>
<th>Employer's Name:</th>
<th>Street Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
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<td>Supervisor's Name:</td>
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<td>Your Position/Title:</td>
<td>Monthly Salary:</td>
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☐ Full-time OR ☐ Part-time

Employment Start Date: __/__/__
Employment End Date: __/__/__
Average hours worked (please choose only one):
_____/day _____/week _____/month

Brief description of your job duties:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

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☐ Full-time OR ☐ Part-time

Employment Start Date: __/__/__
Employment End Date: __/__/__
Average hours worked (please choose only one):
_____/day _____/week _____/month

Brief description of your job duties:
__________________________________________________________
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☐ Full-time OR ☐ Part-time

Employment Start Date: __/__/__
Employment End Date: __/__/__
Average hours worked (please choose only one):
_____/day _____/week _____/month

Brief description of your job duties:
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Rev. 1-20-2010
Program Completion Verification Form
(For Scholarship Applicants Only)

Must be completed by the Program Director or his/her designee.

The student named below is applying for a scholarship from the Health Professions Education Foundation. This form is required for the application to be considered complete. All entries must be completed for this form to be considered complete. The form must be returned to the Foundation with an original signature.

Applicant's Name: ____________________________________________

School Name: ________________________________________________

Program Enrolled: ____________________________________________

School Mailing Address: _________________________________________

City: __________________________ County: _____________________ State: ______ Zip Code: ______

Year Entered: ___________ Expected Program Completion Date: ___________

Month/Year

Enrollment Status: □ F/T □ P/T # of units currently enrolled: ______ GPA: ______

(Based on FALL or SPRING Semester/Quarter academic year) (as defined by the educational institution)

Please comment on the student's performance and potential for academic success.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please attach a copy of any record showing the tuition costs for the VN/RN program the student is enrolled or accepted in.

I verify that the applicant can fluently speak the following language(s):

1st language: ________________________________________________

2nd language: ________________________________________________

3rd language: ________________________________________________

☐ I certify that I am the Program Director.

☐ I certify that I am authorized to sign this document on behalf of the Program Director.

I declare under penalty of perjury that these statements are true and correct.

Name: (Please Print) __________________________________________

Signature: ___________________________________________________

Title: _________________________________________________________

Phone Number: ________________________________________________

Fax Number: __________________________________________________

Email: ________________________________________________________

Tape Business Card Here, DO NOT STAPLE

Rev. 1-20-2010
ATTENTION! The completed form must bear an original ink signature. Photocopies and faxed copies of the completed form are not acceptable.

FORM TO BE COMPLETED BY AN OFFICIAL IN THE PERSONNEL OR HUMAN RESOURCES DEPARTMENT
The person signing this form may not be related to the applicant by blood, marriage, or adoption. All entries must be completed for the form to be considered complete.

Employee's Name: ____________________________________________

Job Title: ____________________________________________

Start Date: _____/_____/______ □ F/T or □ P/T Average Monthly Hours Worked: ________________

Employee's Supervisor: ______________________________________

Title: __________________________ Telephone Number: __________________________

Employer: ____________________________________________

Employer’s Address (NO P.O. BOXES): __________________________

City: __________________________ State: ______ Zip Code: __________________________

County: __________________________

I can verify that the applicant can fluently speak the following language(s):

1st language: __________________________

2nd language: __________________________

3rd language: __________________________

☐ I certify that I am the Program Director.
☐ I certify that I am authorized to sign this document on behalf of the Program Director.

I declare under penalty of perjury that these statements are true and correct.

Name: (Please Print) __________________________

Signature: __________________________

Title: __________________________

Phone Number: __________________________

Fax Number: __________________________

Email: __________________________

Date: __________________________

Tape Business Card Here, DO NOT STAPLE

Rev. 1-20-2010
For Loan Repayment Applicants Only. All spaces must be completed. If payments are deferred an amount must be entered into the monthly payment space. If any information is missing the application will be considered incomplete.

Applicant’s Name: ______________________________________

LOAN 1

School Attended: ________________________________________ Loan Period (Start Date): ____/____/____ (End Date): ____/____/____

Loan Program: ________________________________________ Loan ID#: __________________________ Lending Institution: __________________________

Lender’s Address: ________________________________________

City: __________________________ State: ________ Zip Code: ________

Outstanding Balance: $ __________________________ Monthly Payment: $ __________________________

LOAN 2

School Attended: ________________________________________ Loan Period (Start Date): ____/____/____ (End Date): ____/____/____

Loan Program: ________________________________________ Loan ID#: __________________________ Lending Institution: __________________________

Lender’s Address: ________________________________________

City: __________________________ State: ________ Zip Code: ________

Outstanding Balance: $ __________________________ Monthly Payment: $ __________________________

LOAN 3

School Attended: ________________________________________ Loan Period (Start Date): ____/____/____ (End Date): ____/____/____

Loan Program: ________________________________________ Loan ID#: __________________________ Lending Institution: __________________________

Lender’s Address: ________________________________________

City: __________________________ State: ________ Zip Code: ________

Outstanding Balance: $ __________________________ Monthly Payment: $ __________________________

LOAN 4

School Attended: ________________________________________ Loan Period (Start Date): ____/____/____ (End Date): ____/____/____

Loan Program: ________________________________________ Loan ID#: __________________________ Lending Institution: __________________________

Lender’s Address: ________________________________________

City: __________________________ State: ________ Zip Code: ________

Outstanding Balance: $ __________________________ Monthly Payment: $ __________________________

Rev. 1-20-2010
Application Checklist

Applicant's Name: ____________________________

This document must be attached to the front of your application

☐ Completed Application

Application must be signed and dated.

All entries and pages must be completed. Any missing information (e.g., box not checked, questions not answered) may deem your application incomplete and/or ineligible.

☐ Official Transcript(s)

Must be sealed and marked “Official” by the school(s).

Electronic submission must be sent from the school directly to this e-mail account: hpef-email@oshpd.ca.gov.

High school transcript must be submitted if attending first semester of college.

Official transcript must show your health professions education degree conferred.

If applicant has attended multiple colleges, all official transcripts must be submitted.

☐ Personal Statement

Must be typed and no more than two (2) pages in length.

Number and type each question individually. Provide response directly beneath question.

Lack of detail in personal statement may be considered incomplete and therefore, ineligible.

☐ Letters of Recommendation

Must be dated and signed within the last six (6) months of the deadline date.

Must be on letterhead or include the author's title, name of employer, mailing address, and phone number. If any of these items are missing from the letter, it will be deemed incomplete and therefore, ineligible.

☐ Program Completion Verification Form (Scholarship)

Must be signed by current program director or a faculty member authorized to sign on director's behalf. Form must bear an original ink signature. No faxed or copied forms accepted.

Tape (do not staple) current program director or faculty member business card to the form.

Fluency in another language must be verified on this form.

Any missing information (e.g., box not checked, questions not answered) will deem your application incomplete and/or ineligible.

To apply for the March 2010 cycle, your graduation date must be after June 30, 2010 and for the September 2010 cycle, your graduation date must be after January 15, 2011.

☐ Tax Return and all W-2s or SAR

2009 Federal Tax Return only (1040, 1040EZ, etc.)

Your signature must appear on the tax return regardless of who prepared it or how it was filed.

If included on parents’ tax statements, please submit those tax returns.

Include all W-2s or proof of income (1099). If joint return filed, include both parties’ W-2s.

If self-employed, check this box ☐ (Tax Return are still required.)

If you do not file W-2s, provide an explanation: ________________________

OR

SAR 2009/2010 or 2010/2011 Report Only

Must be official copy from college financial aid office, Federal Student Aid or from the Internet at http://www.fafsa.ed.gov/faq016.htm.

Do not submit FAFSA documents

☐ Proof of License

Must be current.

Must be in good standing.

☐ Cost of Attendance/Tuition (Scholarship)

Must be included in application package. Any missing information will deem your application incomplete and/or ineligible.

☐ Employment Verification Form (Loan Repayment)

Must be signed by current supervisor or administrative officer who can verify employment. Form must bear an original ink signature. Fax ed or copied forms are not accepted.

Tape (do not staple) current supervisor or administrative officer business card to the form.

Fluency in a non-English language must be verified on this form.

Any missing information (e.g., box not checked, questions not answered) will deem your application incomplete and/or ineligible.

☐ Educational Debt Reporting Form (Loan Repayment)

Any missing information will deem your application incomplete and/or ineligible.

☐ Lender Statements (Loan Repayment)

All lender statement must be dated within the last six (6) months of the application deadline.

Statement(s) must include the following:

--Applicant name
--Lender's name
--Loan/Account Number
--Current address of applicant
--Current loan payment address
--Current loan balance with monthly payment

For consolidated loans, include proof of original loan source.

Any missing information will deem your application incomplete and/or ineligible.

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