



# CVNE Nurse Educator's Scholarship

A strong Team for Complete Patient Care: LVN's and RNs Working Together"

CVNE is committed to excellence in education and conducts continuing education programs for nurses and other allied health professionals throughout the year. The association provides annual scholarships for its members who wish to continue their education.

Scholarships provide funding for the continuing of higher education. This funding enables nurses to grow and better contribute their talents to the field of vocational education and thus increasing the healthcare in our communities. Please review the Scholarship Application form carefully. Remember, to submit ALL required documents with your application.

***These scholarships are provided annually for \$500- All Scholarships are distributed at the Fall Conference***

#### **Scholarship Requirements:**

1. Must be an active member of CVNE
2. Candidate must currently be teaching or in the Program Director position of a BVNPT approved Vocational Nursing Program.
3. Candidate must be currently enrolled in an Accredited Bachelor, Master or Doctorate program and in good scholastic standing at the time of application.
4. Applicant must have at least one full year of school remaining.

#### **Candidate Must Provide:**

1. Official Transcript(s) from current school attending. Must include program candidate is enrolled in, estimated completion date and degree level obtaining.
2. Verification of membership in California Vocational Nurse Educators Organization.
3. Letter of recommendation from current supervisor on school letterhead stating employment in VN education.
4. Copy of current nursing license.
5. Statement of professional nursing goals.
6. Completed scholarship application form.

*Please email application and supporting documentations to:* Becki Quick  
[beckiquick@yahoo.com](mailto:beckiquick@yahoo.com)

*Have your school mail your official transcript to:*

#### **California Vocational Nurse Educators**

*Attn: Scholarship Committee*  
4832 Old Cliffs Rd  
San Diego, Ca. 92120

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST BE POST OFFICE MARKED by August 15th OR CLOSE OF BUSINESS- 5:00 pm BY EMAIL ON August 15.**

**Scholarship Application** -Before downloading the Scholarship Application you need to download & install the FREE Adobe Reader if you do not have a PDF reader.



# CVNE Nurse Educator's Scholarship Application

**Please Type or Print clearly in Ink**

Name: \_\_\_\_\_  
Last Middle First

Daytime Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Do you currently hold a Nursing License? Yes No Type: RN \_\_\_ LPN \_\_\_

If yes: License Number: \_\_\_\_\_ State \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
Name of School

Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Current CVNE Member: Yes No Year you joined: \_\_\_\_\_

## **Current School Enrollment:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dean/Director: \_\_\_\_\_ School Phone No: (\_\_\_\_) \_\_\_\_\_

Type of Program – Circle One: BSN Masters PhD Area of Study: \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

**I hereby affirm that all the information provided is true. Any false statement will forfeit the award.**

Signature : \_\_\_\_\_ Date: \_\_\_\_\_