



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 continuation of higher education. This funding enables nurses to grow and contribute their talents to the field of vocational education and thus increases healthcare in our communities. Please review the Scholarship Application form carefully.

Remember to submit ALL required documents with your application.

These scholarships will range from \$250-\$500- All Scholarships are distributed at the Spring 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. Applicants must have at least one full year of school remaining.

Candidate Must Provide:

1. Official Transcript(s) from current school attendance. Must include program candidate 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 documents to: Michelle Welch, mwelch@legacyed.com.

An unofficial transcript or official transcript should be mailed to: CVNE, Attn: Scholarship Committee 701 W Avenue K, Suite 119, Lancaster, CA 93534

RECEIPT OF APPLICATION AND SUPPORTING DOCUMENTS MUST BE POST MARKED by SEPTEMBER 30th, 5:00 pm. EMAIL SUBMISSION BY SEPTEMBER 30th.

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: _____