Robert Wood Johnson Foundation New Careers in Nursing Scholarship Application

For incoming Fall 2014 students of the Samuel Merritt University in the Case Management ELMS Program. Preference will be given to students from groups underrepresented in nursing or from disadvantaged backgrounds.

✓ Ten scholarship awards of $10,000 are available to students starting Fall 2014 at the Oakland campus in the Samuel Merritt University Case Management ELMS Program.

✓ Scholarship recipients must participate in monthly mentorship and leadership activities (approximately 1-3 hours/month), and complete the Pre-Entry Immersion Program (online and in-person, approximately 6-8 hours).

Application Deadline
Applications for 2014 award cycle must be postmarked by July 15th, 2014. However, applications will be reviewed as received. You must ensure that your application is complete. Late or incomplete applications will not be considered.

Recipient Selection
Meeting eligibility criteria does not guarantee that an applicant will receive a scholarship. Preference will be given to students from groups underrepresented in nursing or from disadvantaged backgrounds. Recipients will be notified after their application review by the School of Nursing.

Scholarship Distribution
Recipients will receive one lump sum of $10,000 towards their students account approximately two weeks after completing the required scholarship paperwork, online modules, and after attending the first in-person meeting held during the first week of the program (total time approx. 8 hours).

Mentoring and Leadership Experiences
Scholarship recipients will be assigned a faculty mentor. There will also be monthly meetings scheduled with peers and faculty mentors (approximately 1-3 hours/month).
1. PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>SMU ID NUMBER</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>GENDER</th>
<th>FEMALE</th>
<th>MALE</th>
</tr>
</thead>
</table>

1(a) Applicant's Address and Telephone Number
(If using a P.O. Box, a street address is also required)

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>APT #</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIPCODE</th>
</tr>
</thead>
</table>

1(b) MANDATORY: Alternate Contact Person
(Address and phone # MUST be different from applicant's)

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP TO APPLICANT</th>
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<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
</tr>
</thead>
</table>

EVENING PHONE
(            )

DAY PHONE
(            )

HOME PHONE
(            )

CELL PHONE
(            )

EMAIL ADDRESS

2. ENROLLMENT INFORMATION

Program: [ ] ELMS

Program Start Date: ___/___/_____

Expected Graduation Date: ___/___/_____

Campus Location: ______________________

3. DEMOGRAPHIC INFORMATION

The following information will be used for scholarship purposes only.

Gender (Please check one):
[ ] Male  [ ] Female

What is your Race/Ethnicity Background: ______________________________________

Are you the first generation to go to college/university:
[ ] Yes  [ ] No

What is your adjusted gross income:
[ ] Less than $25,000.00  [ ] $25,001.00-$45,000.00  [ ] $45,001.00-$65,000.00  [ ] $65,001.00 or more

Are you a citizen of the United States
[ ] Yes  [ ] No, but I am an eligible non-citizen/permanent resident

4. ESSAY

In 500 words or less/per question please respond to ALL questions below: (PLEASE PRINT, TYPE or WRITE LEGIBLY your responses in a Separate Paper attached to this application)

1. What has been your personal experience with health care, and how does that shape your view of nursing?
2. Where do you see yourself in five years professionally and/or academically?
3. If you could be a nurse leader, what would you change about health care?
4. Is there anything else you would like us to know about you as it pertains to this scholarship?

5. CERTIFICATION

- All of the information on this Form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this Form.
- I understand that in receiving this scholarship award I understand that I will be required to participate in monthly meetings with other scholarship recipients, and peer/faculty mentor, and participate in the Scholar's Network.
- I understand that I must complete the Pre-immersion Entry Program, and participate in occasional surveys through SMU and RWJF.

_________________________________________________________________________________

APPLICANT’S SIGNATURE

APPLICATION DATE