

Chabot College Nursing Program – Scholarship Application

Please return completed typewritten application to:

Chabot College, Nursing Program Office Room 2203, 25555 Hesperian Blvd. Hayward, CA 94545

Scholarships are awarded **ONLY** to students who satisfy the following criteria:

1. Currently enrolled in the Chabot College Nursing Program
2. Taking a full –time academic load (including clinical rotation and other required nursing courses)
3. Current FAFSA application on file and letter with an un-met need for additional funding to stay in the Nursing Program
4. Satisfactory clinical performance in each nursing area (currently enrolled or completed nursing rotation).
5. Demonstrates academic potential by completing all nursing theory courses with at least 73% grade and is currently not on program probation.

Section I – Student Information			
Name:		W#	
Address:			
City:		Zip Code:	
Cell Phone ☎		Email ✉Address:	
Number of units completed at Chabot:			
List current enrolled courses and grades to date:			
		Course	Grade
Course	Grade		
If completed one semester at Chabot College please provide Chabot grade report: <input type="checkbox"/> Report attached			
Expected Graduation Year:			
Current unmet need from FAFSA application:			
FAFSA letter must be attached to application		\$	
Request amount:		\$	
Section II – Financial Plan: Please outline your plan for addressing Unmet Financial Needs. include: your financial resources; work schedule for this semester (days, estimated net income); and describe any unexpected circumstances or situations or any other critical information necessary to evaluate your unmet financial needs.			

Student Acknowledgements

Please be aware that federal regulations require that any scholarship monies you may be awarded could affect your financial aid package. The financial Aid Office is required to include all potential awards against your financial aid package and your financial aid award may be adjusted. If student leaves the program within two months of receipt of funds, the funds are expected to be refunded to the program. Student will not be allowed re-admission if funds are not repaid.

I, student, certify that all information in this application packet is complete and accurate. I authorize the Nursing Program Scholarship Committee to obtain a copy of my academic transcript and any other information which will assist in processing my application. I understand the repayment policy if I decide to leave the program prior to graduation.

Signature:		Date:	
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Please sign and return completed typewritten application to:



Chabot College,
Nursing Program Office Room 2203
Scholarship Committee
25555 Hesperian Blvd.
Hayward, CA 94545

For questions please contact Committee Chairperson, Dr. Retha Wellons ☎415.559.3386 or Nursing Program Office ☎510.723.6896 or email nurse@chabotcollege.edu