Thank you for your interest in the Nursing Camp in Summer at UC Irvine.

In congruence with the mission and philosophy of the UCI Sue & Bill Gross School of Nursing, limited number of scholarships have been made available to students with financial need. To be considered for a scholarship, please submit the scholarship application in addition to the camp registration and any other necessary documents.

To learn more about NCIS: UCI, please visit http://sites.uci.edu/ncis/

GUIDELINES:
- Scholarships will be awarded based on need.
- Incomplete applications will not be reviewed.

ELIGIBILITY:
- Meet the Camp Registration eligibility requirements
- Demonstrate financial hardship

SCHOLARSHIP APPLICATION CHECKLIST:
- Camp Registration
- Waiver of Liability
- Consent to Photograph/Video
- Scholarship Application
- Student’s High School Transcript (official or unofficial)
- Letter of Recommendation (by teacher or counselor)

DEADLINE: April 1, 2020

MAIL YOUR COMPLETED SCHOLARSHIP APPLICATION AND DOCUMENTATION TO:

NCIS: UCI
Sue & Bill Gross School of Nursing
University of California, Irvine
290 Berk Hall
Irvine, CA 92697-3959

Questions?
Contact us via email at ncisuci@hs.uci.edu
SCHOLARSHIP APPLICATION

Last Name: ____________________________ First Name: ____________________________

Financial Information

Household Size: _______________________ Annual Income: _______________________

ESSAY QUESTIONS

Please read the following prompt carefully. In a separate document, provide detailed answers to the questions in 150-300 words. Make sure your name is at the top of the document, and be sure to attach the document to your application packet when you submit it.

Please answer the following:

1. Why are you interested in nursing? What is it about your life experiences, your talents, your personality – the things that make you uniquely you – that make this a good career choice for you?
2. Describe a health problem you’ve observed in your community. What are some strategies that could be used to combat this problem?

SCHOLARSHIP APPLICATION – PLEASE READ AND COMPLETE

I, ____________________________ (print your name), certify that all information on the application, all enclosures, and all credentials submitted by myself and others on my behalf are true and accurate to the best of my knowledge, and will remain the property of the University of Irvine, California, Sue & Bill Gross School of Nursing. I understand that any misrepresentations may result in the awarded scholarship being rescinded. If I am awarded a scholarship, it is my intent to complete the nursing camp program specified.

I CERTIFY THAT I FULLY UNDERSTAND THE ABOVE GUIDELINES AND THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant: ____________________________ Date: _________________

Signature of Parent/Guardian: ____________________________ Date: _________________