



**MANA DE IMPERIAL VALLEY CHAPTER
ELSA DOWNS MEMORIAL NURSING SCHOLARSHIP**

MANA de Imperial Valley is committed to supporting Latinas in furthering their education and in recognizing outstanding students in our community. MANA is proud to offer a competitive college scholarship to an Imperial Valley College student of Latino background who is preparing for a career in nursing.

SCHOLARSHIP AMOUNT: \$500 Minimum

APPLICATION POSTMARK DEADLINE: April 15, 2011

GENERAL ELIGIBILITY REQUIREMENTS:

Applicants must meet the following requirements to apply for the scholarship:

- Latina
- Minimum cumulative grade point average (GPA) of 3.0 on a 4.0 scale (or the equivalent)
- Have plans to continue preparing for a career in nursing
- Community service/school activities involvement

APPLICANTS MUST SUBMIT THE FOLLOWING IN ORDER TO BE CONSIDERED FOR THE SCHOLARSHIP:

- Completed application form (including three essay responses)
- Copy of most current IVC transcript
- Minimum of 2 letters of recommendation (completed by someone other than a family member)
- Head shot photograph (2x3/wallet-size). **Photograph will not be returned.**

Applications that are incomplete or postmarked after 4/15/11 will not be considered.

APPLICATIONS may be downloaded at www.ivmana.org or picked up at the Nursing Learning Center room 2158.

Recipients will be expected to attend a scholarship recognition event in June 2011.

Completed Applications with attachments are to be mailed to:

MANA Scholarship Committee
1103 Manzanita Dr.
El Centro, CA 92243

For more information, please contact Alicia Armenta at 760-353-0234 or Keila Rodriguez at 760-457-7535.

**MANA DE IMPERIAL VALLEY CHAPTER
ELSA DOWNS MEMORIAL NURSING SCHOLARSHIP
APPLICATION FORM**
(Type or Print in blue or black ink)

PERSONAL INFORMATION:

Full Name: _____ Birth date: ____/____/____

Are you a first-generation college/university student? Yes No

Address: _____

City, State, Zip: _____

Home Phone No.: _____ Cell Phone No.: _____

Email address: _____

ACADEMIC INFORMATION:

What is the degree or program you are pursuing: _____

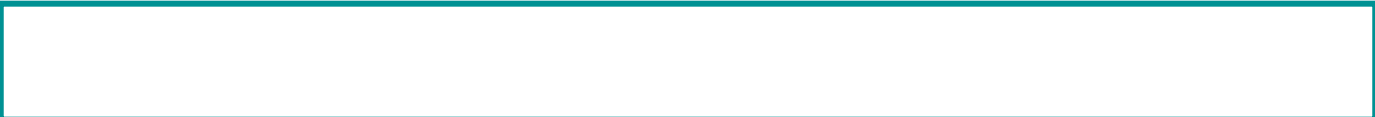
Anticipated date to receive degree or complete program: _____

Current cumulative grade point average at IVC: _____

Are you receiving financial aid: Yes No

What financial assistance are you receiving or applied for (scholarships, grants, loans, jobs, family)?
Please include amount of assistance.

How would the financial challenges you are facing be addressed by receiving the MANA Scholarship?



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 APPLICATION FORM
 (Continued)**

COMMUNITY SERVICE/VOLUNTEER ACTIVITIES:

List most significant services activities in which you have participated as a volunteer beginning with the most recent. If none, please use the space provided to explain why you've been unable to perform community service. (If you need additional space, please type/print on separate paper and attach)

Activity/Organization <small>(Avoid abbreviating organization names)</small>	Your Role/Position Held	From <small>(mm/yy)</small>	To <small>(mm/yy)</small>	Hours per Week

WRITTEN RESPONSE (Please answer each question below and attach to application. The written response to all three questions should not exceed 500 words.)

1. Why do you think you should be awarded the scholarship?
2. What are your community commitments/leadership activities and what/who has motivated you to stay involved?
3. Describe why you would like to pursue a career in nursing and what contribution you will make to the patients and Latino community you will serve.

I certify that all information on this application is true and complete to the best of my knowledge and that I meet all eligibility requirements. I hereby give MANA de Imperial Valley Scholarship Committee permission to share this information for the purpose of recruitment, public relations, and research.

Signature: _____ D a t e :

MANA Scholarship Committee
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 El Centro, CA 92243

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APPLICATION FORM
(Continued)**

DEMOGRAPHIC INFORMATION SHEET

MANA of Imperial Valley needs to collect demographic information for the purposes of reporting to funders, demographic analysis and data collection. This information will in no way affect your eligibility for the scholarship. The data collected will be separated from the application and will not be connected to any individual's name.

Please complete this section to help us collect this data. All information is voluntary and is strictly confidential.

1. Would you classify yourself as economically disadvantaged? Yes No

2. What is your annual household income? (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Below \$10,000 | <input type="checkbox"/> \$40,001 – \$50,000 |
| <input type="checkbox"/> \$10,001 – \$20,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$20,001 – \$30,000 | <input type="checkbox"/> \$70,001 - \$80,000 |
| <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$80,000 + |

3. How many dependents are in your family including yourself? (Check One)

- 1 2 3 4 5 6 7 8 9 10+

4. Are you a recipient of CALWORKS (formerly AFDC)? Yes No

5. Are you a recipient of Supplemental Security Income Program (SSI)? Yes No

6. Are you a recipient of General Assistance Program (GA)? Yes No

7. Are you part of a single parent household? Yes No

8. Are you an immigrant to this country? Yes No

9. Are your parent's immigrants to this country? Yes No

10. Highest grade level of education of Mother? _____

11. Highest grade level of education of Father? _____

12. Are you first generation in college? Yes No

13. What is your primary language? _____

Please submit this form with your application.

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