

NURSING SCHOLARSHIP APPLICATION



P.O. Box 2401 | Bakersfield, CA 93303
(661) 541-0190

WEBSITE: supportbakersfield.org

EMAIL: contactbmhf@commonspirit.org

To be considered for an academic nursing scholarship from the BMH Foundation, please confirm that you meet the following requirements:

Are you enrolled in a nursing education program? YES NO

(If you checked NO, do NOT proceed with this application. You must be currently enrolled to qualify.)

If you checked YES, please answer the following:

Current School Attending? _____ Current GPA: _____

Current Year (e.g. first-year, second-year, first-year advanced degree etc.)? _____

Anticipated graduation date? _____

Are you employed by Bakersfield Memorial Hospital? YES NO

A complete application includes the following:

1. **New RN Students:** Two completed recommendation forms (attached). One must be from a nursing school prerequisite professor; the second may be from a professor or a medical field employer.
2. **Returning RN Students:** Three completed recommendation forms (attached). Requirements include one from a nursing school prerequisite professor, one from a professor or medical field employer, and one from a clinical supervisor.
3. **Transcripts:** Official transcripts providing proof of met course requirements. *Official transcripts are required, please email to: www.contactbmhf@commonspirit.org.*
4. **Enrollment Status:** Proof of current enrollment in a nursing program with at least one year of coursework remaining and in good standing.
5. **Residency:** Applicants must reside in or be attend school in Kern County, California.
6. **DEADLINE:** **Please ensure all documentation is received by Wednesday, April 15, 2026 at 3pm to be considered.**
7. **INTERVIEW:** All qualified applicants will be asked for an in-person interview.

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
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Current Address	City	State/Zip Code
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Mailing Address (if different from above)	City	State/Zip Code
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Mobile Phone (Please provide for interview scheduling)	Home, Work or Message Phone
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Email Address (Please provide for interview scheduling):

EMPLOYMENT INFORMATION

Are you currently employed? _____ Yes _____ No If yes, _____ Full-time _____ Part-time

Current employer (name/address)	Supervisor's name/phone number	From	To
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Previous employer (name/address)	Supervisor's name/phone number	From	To
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Medical experience (either as a volunteer or paid employee)

Department currently working	Supervisor's name/extension	From	To
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Department previously worked	Supervisor's name/extension	From	To
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Department previously worked	Supervisor's name/extension	From	To
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ACADEMIC INFORMATION

Please provide the following information regarding your current academic status and goals:

College/University Now Attending	From	To	GPA
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College/University Attended	From	To	GPA
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College/University Attended	From	To	GPA
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High School Attended	From	To	GPA
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Degree held (*if applicable*): _____

Degree sought: _____

Ultimate goal/final degree hoping to attain: _____

Number of classes currently being taken: _____

ACTIVITIES, SPECIAL RECOGNITION, COMMUNITY INVOLVEMENT

Use additional page if necessary.

High School: Activities, clubs, etc.	Special recognition, awards

College/University: Activities, clubs, etc.	Special recognition, awards

Community Involvement: Activities, clubs, etc.	Special recognition, awards

Employment: Recognition	Special recognition, awards

ACADEMIC SCHOLARSHIPS, GRANTS & REIMBURSEMENTS

Academic Scholarships & Grants Awarded: (Use an additional page if necessary.)

1. Source: _____
Amount \$ _____
Date Applied: _____ Date Awarded: _____

2. Source: _____
Amount \$ _____
Date Applied: _____ Date Awarded: _____

3. Source: _____
Amount \$ _____
Date Applied: _____ Date Awarded: _____

4. Source: _____
Amount \$ _____
Date Applied: _____ Date Awarded: _____

HAVE YOU APPLIED AND/OR RECEIVED COMPENSATION FROM THE BAKERSFIELD MEMORIAL HOSPITAL TUITION REIMBURSEMENT PROGRAM? IF YES, PLEASE PROVIDE THE DATE YOU APPLIED AND LIST THE AMOUNT RECEIVED.

DATE: _____ **AMOUNT RECEIVED: \$** _____

AUTOBIOGRAPHICAL ESSAY

Please attach a separate page, with a minimum of one typewritten document to this application, describing your educational and career goals, your community and school involvement and any special or unique circumstances you would like to share with the scholarship committee. You may also use this opportunity to explain or elaborate on your qualifications for this scholarship.

Please sign and date this application below.

Signature of Applicant

Date of Application: _____

Bakersfield Memorial Hospital Foundation

Nursing Scholarship Recommendation Form

Recommendation Form: The recommendation form is to be completed by a nursing professor, an employer in the medical field, or a clinical supervisor. Students should refer to the eligibility requirements to determine the appropriate individual to complete this document.

Person completing this form should mail to: Bakersfield Memorial Hospital Foundation, PO Box 2401, Bakersfield, CA 93303, or give it to the student to return with application.

Applicant's Name:

Name of Nursing School:

1. Does this student exhibit a sound nursing knowledge base? _____ Yes _____ No

Comments:

2. Does this student exhibit responsibility and integrity? _____ Yes _____ No

Comments:

1. Please comment on the student's performance and potential for academic and clinical success.

(Please use an additional page if more space is necessary.)

Name of person completing form _____

Title: _____ Signature: _____ Date: _____

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1. Does this student exhibit a sound nursing knowledge base? _____ **Yes** _____ **No**

Comments:

2. Does this student exhibit responsibility and integrity? _____ **Yes** _____ **No**

Comments:

2. Please comment on the student's performance and potential for academic and clinical success.

(Please use an additional page if more space is necessary.)

Name of person completing form _____

Title: _____ Signature: _____ Date: _____

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Name of Nursing School:

1. Does this student exhibit a sound nursing knowledge base? _____ Yes _____ No

Comments:

2. Does this student exhibit responsibility and integrity? _____ Yes _____ No

Comments:

3. Please comment on the student's performance and potential for academic and clinical success.

(Please use an additional page if more space is necessary.)

Name of person completing form _____

Title: _____ Signature: _____ Date: _____