
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 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 BMH tuition reimbursement program? *If yes, please provide the date you applied, amount received, etc.*

STUDENT FINANCIAL INFORMATION

- 1. If you are going to be claimed as an exemption or dependent on your parent's tax return, then please complete Section A.
- 2. If you are not an exemption, and are married or filing your own return, please complete Section B.

SECTION A: (Dependent Student)

Parents' Marital Status: _____ Family Size: _____

Applicant's 2019 Adjusted Gross Income or Earned Income	\$ _____
Parent's 2019 Adjusted Gross Income or Earned Income	\$ _____
Non-Taxable Income: (Social Security, AFDC, Student Loans, etc.)	\$ _____
TOTAL FAMILY INCOME	\$ _____

SECTION B: (Independent Student)

Current Marital Status: _____ Family Size: _____

Applicant's 2019 Adjusted Gross Income or Earned Income	\$ _____
Spouse's 2019 Adjusted Gross Income or Earned Income	\$ _____
Non-Taxable Income: (Social Security, AFDC, Student Loans, etc.)	\$ _____
TOTAL FAMILY INCOME	\$ _____

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

To be completed by a nursing professor, employer if the employment is in the medical field, and a clinical supervisor (student should refer to eligibility requirements to determine who should complete this form).

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

Applicant's name _____

School of Nursing _____

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 additional page if more space is necessary.)

Name of person completing form _____

Title: _____ Signature: _____ Date: _____

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