

NURSING SCHOLARSHIP APPLICATION



**Bakersfield Memorial
Hospital Foundation™**

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

WEBSITE: supportbakersfield.org
EMAIL: contactbmhf@commonspirit.org

The following requirement must be met before your application will be considered for an academic scholarship from the BMH Foundation:

Are you currently 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:

What school do you currently attend? _____ Current GPA: _____

What year nursing student are you (e.g. first-year, second-year, first-year advanced degree etc.)?

What is your anticipated graduation date? _____

Are you employed by Bakersfield Memorial Hospital? YES NO

A complete application includes the following:

1. **New RN students** must have **two** recommendation forms completed; one must be from a professor who taught a nursing school prerequisite; the second may be from a professor or an employer if the employment is in the medical field. Forms are attached.
2. **Returning students in the RN program who have completed at least one clinical rotation** must have **three** recommendation forms completed; one must be from a professor who taught a nursing school prerequisite; the second may be from a professor or an employer if the employment is in the medical field; the third must be from a clinical supervisor. Forms are attached.
3. The applicant must provide proof of having met course requirements. **Official transcripts are required.** (Digital transcripts can be emailed to contactbmhf@commonspirit.org)
4. **Applicants must be currently enrolled in a nursing program** with at least **one year of course work remaining** and considered to be a **student in good standing**.
5. Applicants must reside in or be attending school in Kern County, California.

Completed applications and all required documentation must be received by March 14, 2025 to be considered.

PERSONAL INFORMATION

First Name	Middle Initial	Last Name
Address	City	State/Zip Code
Mobile Phone (Please provide for interview scheduling)	Home, Work or Message Phone	
EMAIL Address		

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

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 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 APPLIED: _____ **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

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).

The 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 their 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 an additional page if more space is necessary.)

Name of person completing form _____

Title: _____ Signature: _____ Date: _____

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