2020 San Diego Chapter Scholarship Criteria

ENA Foundation Scholarship Eligibility Requirements

- Applicants (with the exception of pre-RN category applicants) must be current ENA members in good standing in order to apply for an ENA Foundation scholarship.
- Pre-RN category applicants are not required to be ENA members, but must submit a letter of reference from a current ENA member in good standing.
- A minimum 3.0 grade point average (GPA) is required for consideration.
- Applicants must be attending an NLN, AACN, or CCNE accredited school and must provide verification of the school’s current accreditation.
- Two letters of recommendation are required for each scholarship category. One letter must be from a current ENA member.
- With the exception of doctoral and Elizabeth B. Moore scholarship applicants, previous scholarship recipients are not eligible to reapply under the same category. However, qualified previous recipients may apply for the next category. Previous doctoral scholarship recipients are eligible to reapply in the doctoral category.
- ENA members having served in the immediate past three years on the ENA Board of Directors, ENA Foundation Board of Trustees, or ENA Foundation scholarship selection committee are ineligible to apply.
- The current members of the ENA Board of Directors, ENA Foundation Board of Trustees, ENA Foundation Scholarship Selection Committee, as well as individuals that have served in such positions in the immediate past three (3) years and the spouses and children of all such individuals are ineligible to apply for a scholarship. (For the purposes of eligibility, “children” are defined as natural, legally adopted, stepchildren, or grandchildren.)

San Diego County Chapter Scholarship Eligibility Criteria (in addition to above)

- Letter of Intent / Purpose for Scholarship
- Applicants must have attended at least THREE ENA events in last enrolling year (February 2019-March 2020), and can include local, state, or national ENA events.
- Point System for Application: **(1 point awarded for each)**
  - ENA Membership
  - Each ENA meeting/event attended
  - Each Professional Organization Membership and Leadership Position
    - (e.g. Student Nurse Association, Forensic Nurses Association, etc.)
  - Each Certification
    - (e.g. CEN, CPEN, TNCC, etc.)
  - Documented Volunteer Work

SCHOLARSHIP APPLICATION AND ALL SUPPORTING DOCUMENTATION DUE:

APRIL 6, 2020 by email to sandiegoena@gmail.com
2020 San Diego Chapter Scholarship Application

Applicant Information

First Name __________________________ Last Name ___________________________ Suffix _________
Street Address ____________________________ City __________________ State ____ Zip Code _______
Phone Number _____________________________ Email Address _________________________________

ENA Membership

ENA Member Number __________________________ Membership Type __________________________
Expiration Date ___________________________ Member Since _____________________________

[Total Points Awarded: ]

ENA Meeting Attendance Between February 2019 - March 2020

List Dates for CHAPTER Meetings/Conference Calls Attended: (verified from meeting minutes)
________________________________________________________________________________________
________________________________________________________________________________________

List Dates for STATE COUNCIL Meetings/Conference Calls Attended: (verified from meeting minutes)
________________________________________________________________________________________
________________________________________________________________________________________

[Total Points Awarded: ]

ENA Committee Participation Between February 2019 - March 2020

Chairperson or Appointed Leader at local, state, and/or national level position (indicate level)
________________________________________________________________________________________
________________________________________________________________________________________

Non-Chairperson or Non-Leader Member at local, state, and/or national level position (indicate level)
________________________________________________________________________________________
________________________________________________________________________________________

[Total Points Awarded: ]
Elected Positions and Membership (ENA or Professional Nursing Organizations)

Positions Elected to Office Between January 2019 - March 2020: (indicate local/state/national level)
__________________________________________________________________________________________
__________________________________________________________________________________________

General Membership in Professional Nursing Organizations (include proof of current membership)
__________________________________________________________________________________________
__________________________________________________________________________________________

[Total Points Awarded: ]

Special Projects and Activities Between February 2019 - March 2020

Published in a Nursing Journal ______________________________________________________ (attach)
ENA Awards or Other Work on Behalf of ENA _________________________________________________

Special ENA Projects NOT REQUIRED by position held __________________________________________

Attended any chapter/state ENA-sponsored CEU events _____________________________ (attach)
Delegate or Alternate to National General Assembly 2019 Austin, TX _________________________
Attendance at State/Chapter Leadership Orientation 2020 _____________________________________

[Total Points Awarded: ]

Certifications

Circle All That Apply: (pick EITHER instructor/provider where applicable, not both)
CEN  CFRN  CPEN  CFRN  CTRN  TCRN  FAEN
ENPC Instructor  TNCC Instructor  ENPC Provider  TNCC Provider
CATN  Injury Prevention Institute Provider  NHTSA CPS Provider

Submit Copies of all Current Certificates and/or Cards (No Credit Without Proof of Current Status)
[Total Points Awarded: ]

Other Items for Consideration:

Name of Accredited School Attending _______________________________________________________
Program Enrolled In _______________________________________________________________________
Estimated Program Start / End Dates ____________________________ Current GPA ______________

I certify that the above-stated is true and complete and that I have attached all supporting
documentation to the best of my abilities.

_______________________________________________________  ______________________________
Signature                                             Date