The Patrons of Nursing Scholarship 2018

The Patrons of Nursing was established to support and promote advanced nursing education and research to foster the best possible care for patients at UC San Diego Health. To achieve these goals, the Patrons of Nursing invites registered nurses employed at UC San Diego Health to apply for scholarship funds in support of formal education and clinical practice. The following criteria and guidelines have been established and are the basis for the provision of funds to candidates.

Eligibility Criteria/Application Guidelines:
1. UC San Diego career registered nurses who have *more than one year* of service.
2. Current satisfactory or above performance evaluation.
3. This is a reimbursement scholarship – current receipts will be required.
4. Supervisor/Manager and Nursing Director endorsement SUBMITTED WITH APPLICATION
5. Applications must be typed. Manager/Director endorsement may be hand-written.
6. Applications must address clinical practice or education related activities that will enhance patient care at UC San Diego Health and contribute to the advancement of nursing and the Magnet Model.
7. Nurses seeking tuition scholarships must be enrolled in a formal educational program.
8. The amount of money awarded is dependent upon the Patrons of Nursing funding availability and the number of requests received. *If funds are limited, preference will be given to applicants who have not received scholarships in previous years.*
9. Recipients must submit all receipts for reimbursement at one time (up to the amount of the scholarship). Partial or incremental payouts will not be permitted.

2018 Funding Opportunities:
- Tuition/academic: BSN, MSN, NP, PhD
- Professional Certification

*What does NOT qualify for a Patrons of Nursing Scholarship?*
- Registration or tuition for a conference
- Healing Touch Levels 1-3
- Tuition expenses over 6 months old
- Travel expenses

To apply, please complete the application in full *(typed)* and submit to your nurse manager no later than *March 23, 2018*

*Please Note: Applications must be signed by Nurse Manager AND Nursing Director (Nurse Executive), and turned in to the Office of the Chief Clinical Officer by April 2, 2018.*

NO LATE ENTRIES WILL BE ACCEPTED

Scholarships will be presented during Nurse Recognition Week in May.
UC San Diego Health

UC San Diego Health Systems
Patrons of Nursing
SCHOLARSHIP APPLICATION

Name: ____________________________________________________________

(must include all credentials- RN, BSN, etc.)

Employee ID: ______________ Unit/Area: ____________________________

Job Classification (CNII, CNIII, etc): __________________ Mail Code: ______________

Email Address: ____________________________________________________

Years at UC San Diego Health System (circle one): < 5 yrs 5-10 yrs > 10 yrs

For (circle one): Tuition/Academic Education  Professional Certification

If applying for:
Tuition/Academic
Please include the name of the institution, your educational goals, evidence of course completion, tuition receipt, grade slip, and date of expected completion of the program

Professional Certification
Please include the specific professional certification you will obtain.

For Applicant’s Supervisor: Please review and make a recommendation

☐ I recommend this employee for a scholarship
☐ I do not recommend this employee for a scholarship

Describe how this applicant has performed at either the practitioner or expert level and contributes to the Magnet Model.

____________________________________________________

Supervisor Signature: ___________________________ Date

Nsg. Director Signature: ___________________________ Date
UC San Diego Health

**MUST BE TYPEWRITTEN**

1. Briefly describe the nursing activity for which you are requesting funding. Include the benefit to the UC San Diego patients and families, the profession of nursing, and the Magnet Model.

2. Describe how you have contributed to the improvement of nursing practice and the Magnet Model in your unit/area.

3. Describe how you have demonstrated your skills as a patient advocate and educator.

_________________________________________  ______________________
Applicant signature                                          Date