

West Coast University Nursing Partner Scholarship RN to BSN Scholarship Application

Name: _____

Address: _____

City, State & Zip: _____

Cell Phone: _____ E-mail: _____

Department: _____ Extension: _____

Education Background

College/University: _____

Years Attended: _____ From: _____ To: _____

Number of years as RN at NHMC: _____

Name of Manager: _____

Personal Statement: (Maximum 150 words) Provide a summary statement that reflects your commitment to service and kindness in the workplace and why this award is important to you.

Please return to: Northridge Hospital Foundation – 18300 Roscoe Blvd., Northridge, CA
91328. Attention: Brian Hammel, Foundation President or e-mail to
brian.hammel@dignityhealth.org