

## West Coast University Nursing Partner Scholarship RN to MSN Scholarship Application

| Name:   |                      |            |   |  |
|---|----------------------|------------|---|--|
| Address:  |                      |            |   |  |
| City, State & Zip:  |                      |            |   |  |
| Cell Phone:   | E-mail:              |            |   |  |
| Department:   |                      | Extension: |   |  |
| <b>Education Background</b>   |                      |            |   |  |
| College/University:   |                      |            |   |  |
| Years Attended:   | From:                | To:        | _ |  |
| Number of years as RN   | at NHMC:             |            |   |  |
| Name of Manager:  |                      |            |   |  |
| Personal Statement: (Mareflects your commitment award is important to y | ent to service and k | -          |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |
|   |                      |            |   |  |

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