



# California ASSOCIATION FOR HEALTH SERVICES AT HOME Joan Baier Garland Home Care Nursing Scholarship Application

*Information provided on this application will be used by CAHSAH to select scholarship recipients.  
Please respond to each item as completely and accurately as possible.*

**Please read these instructions carefully. For additional information on CAHSAH's *Home Care Nursing Scholarship*, please see the cover page included or log on to our website at [www.cahsah.org](http://www.cahsah.org).**

**Completing the Home Care Nursing Scholarship Application:**

- Please type or print (in Black/Blue ink only).
- Please include your full name, social security number, address, and telephone number at the top of the application.
- Please answer all questions fully and completely.
- Email your application to [mlander@cahsah.org](mailto:mlander@cahsah.org).

If you have questions about the application process, please contact Michele Lander at [mlander@cahsah.org](mailto:mlander@cahsah.org).

1. Student's Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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2. Where do you attend school/what program?

3. How many units/semesters/quarters have you completed in your AA, BSN program or Masters in Nursing or health related field?

4. What is your cumulative Grade Point Average (GPA)?

5. Describe your financial need for this scholarship:

6. Describe your community involvement:

7. Please attach a one-page resume (typed).

8. Please attach a letter of reference from your current employer and one from an instructor in your nursing program.

9. Home Care Career Goals Paragraph

Please type a paragraph below describing your interest in a career in home care and how your work experience to date and the nursing degree will assist you in pursuing your career goals:

10. Current Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_