

**Dr. William Kennett Memorial Nursing Scholarship
Application Form for 2010
Application Deadline: March 22, 2010**

We are seeking nursing students with a demonstrated commitment to our community.

Dr. William Kennett was committed to his community and maintained a family obstetrics practice in Redwood City for over 40 years. He delivered more than 6,000 babies, was respected and loved by his colleagues and embodied the concept of family-oriented medical care. Dr. Kennett was a loving father, husband, physician and friend; his patients and community revered him. The Sequoia Hospital Foundation's community of generous donors is privileged to honor Dr. Kennett and his family by providing a range of significant scholarships, from \$6,000 to \$25,000, to help fund the cost of attendance for student nurses who exemplify and have demonstrated a commitment to delivering family-oriented, bedside care.

Criteria for Application

If you are a third-year student, a member of Cohort 6 (graduating in June 2011), currently in good standing with the Sequoia Hospital/San Francisco State University (SFSU) Bachelor of Science Nursing (BSN) Satellite Program at Cañada College with a demonstrated commitment to community, you are invited and encouraged to apply for these scholarships.

General Information

- All scholarship applications will be considered for the full range of available scholarships.
- Scholarship applications and instructions are also available on the Sequoia Hospital website at sequoiahospitalfoundation.org Events & Campaigns section.
- After initial application review, finalists will be notified, and scheduled for personal interviews with the Scholarship Committee.
- This scholarship is intended for the student to use at her/his discretion to help meet any costs related to attending the Sequoia Hospital/SFSU BSN Program at Cañada College.
- This scholarship is awarded without regard to race, sex, color, ethnicity or national origin.
- Disbursement of scholarship awards: Upon verification of continued full-time enrollment in the Sequoia Hospital/SFSU Nursing Program, ½ of the scholarship award will be paid in late September with the remainder paid in early January. Students who do not satisfactorily complete the first semester may forfeit the second half of their scholarship award. Scholarship funds will be disbursed in collaboration with the SFSU Office of Student Financial Aid and the office of the Sequoia Hospital/SFSU Satellite BSN Program at Cañada College.

**Dr. William Kennett Memorial Nursing Scholarship Application
Cover Sheet**

Please complete and return this page with the all the items for a complete application listed on page 3:

Your Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Phone: _____ Alternate Phone Number: _____

E-mail Address: _____

Please indicate the best way for us to contact you:

Mail _____ Phone _____ Alternate Phone _____ E-mail _____

Please limit your responses to each question to not more than one standard 8 1/2 x 11 inch page per answer. Do not include additional attachments.

1. Why did you decide to become a nurse? Please detail an experience or observation which inspired you to be interested in "family-oriented" care.
2. Provide an example of a decision you made which involved critical problem solving.
3. Describe a positive relationship you have enjoyed with a fellow student and/or faculty member.
4. How would others describe you? (Your response should demonstrate a relationship in a work or educational setting.)
5. Share with us the specific area(s) or specialties of nursing which interest(s) you as a long-term goal. Please explain how this interest developed.

Please list two individuals whom we may contact about your qualifications.

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

E-mail Address: _____

A **complete application** consists of the following:

- **Completed application cover sheet and responses to questions 1-5** (page 2 of this application).
- **A copy of your college transcripts** including final grades for the Fall 2009 SFSU semester. Note, these may be unofficial transcripts downloaded/printed from your college website if they are unaltered and the source is readily identifiable. You must include transcripts for college studies prior to entering the Sequoia Hospital/SFSU Nursing program.
- **Two letters of recommendation** that exemplify your work and commitment. These letters may be from the same persons you have listed as references.
 - One person must be involved with your nursing education.
 - **Please provide them with the form on page 4 to use.**
 - The other individual should know you from a different aspect of your life; e.g. employer, friend, coworker, fellow volunteer, etc.

To submit your completed application by the March 22, 2010* deadline, please mail, e-mail or fax the above documents to:

Sequoia Hospital Foundation
Attn: Karen Krueger
170 Alameda de las Pulgas
Redwood City, CA 94062

Fax: (650) 369-0277

*Postmarked by March 22, 2010 or,
facsimile or e-mail sent by March 22, 2010

- Please note that your application is not officially accepted until you receive an acknowledgement of receipt from Sequoia Hospital Foundation.

By submitting your application, you agree:

- The application and all information contained in it become the property of Sequoia Hospital Foundation. Selections from your application and your name and picture may be used for marketing purposes and/or in electronic and print publications.
- To continuously abide by the Scholarship Policies, Terms and Conditions as may be adopted and amended by Sequoia Hospital Foundation from time to time and are available from the Foundation.
- The scholarship recipients may be asked to attend a Sequoia Hospital Foundation event for the public announcement of the scholarship award.

If these terms are not acceptable to you, do not submit an application.

For questions about the application, please contact Karen Krueger at the Sequoia Hospital Foundation office by e-mail at karen.krueger@chw.edu, or by phone at 650-367-5854.

**Sequoia Hospital Foundation
Dr. William Kennett Memorial Scholarship Application**

CLINICAL RECOMMENDATION FORM

To the Recommendation Provider: This form is provided for your convenience in providing a recommendation for the nursing student. Feel free to use a different format or attach additional comments. Thank you.

Name of student _____

Please rate the student 1-4 for each performance criteria.

1 – Below Average 2 – Average 3 – Above Average 4 – Excellent

- | | | |
|----|-------|--|
| 1 | _____ | Is self directed/motivated |
| 2 | _____ | Seeks help and clarification when necessary |
| 3 | _____ | Organizes work in a systematic manner |
| 4 | _____ | Utilizes the nursing care plans |
| 5 | _____ | Assessment Skills |
| 6 | _____ | Initiates/upgrades nursing care plans |
| 7 | _____ | Skill demonstrated in basic nursing techniques |
| 8 | _____ | Able to prioritize effectively |
| 9 | _____ | Is a safe practitioner |
| 10 | _____ | Interpersonal skills in dealing with all levels of staff |
| 11 | _____ | Communication skills |
| 12 | _____ | Exhibits professional behavior |
| 13 | _____ | Leadership potential |
| 14 | _____ | Handles conflict resolution effectively |
| 15 | _____ | Punctuality |

Comments: Please use a separate page for additional comments.

Signature _____

Name _____
(printed)

Title _____

Telephone _____

E-Mail _____

Class Taught _____

Date of Class _____