

**Sequoia Hospital Foundation**  
**Dr. William Kennett Memorial Nursing Scholarship**  
**2017 Application Form**

**Application Deadline: Friday, March 24, 2017**

**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 \$5,000 to \$12,500 to student nurses who exemplify a commitment to delivering family-centered, bedside care.

**Criteria for Application**

If you are a third-year student in good standing of Cohort 13 (graduating in June 2018) in 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 to apply.

**General Information**

- All scholarship applicants 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](http://sequoiahospitalfoundation.org)
- 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: Recipients will receive 50% of their scholarship award during the fall semester and 50% during the spring semester, contingent on continued full time enrollment in the Sequoia Hospital/SFSU Nursing Program.
- Scholarships recipients will have their names listed publicly (*in electronic and print publications*) and will be invited to a reception at Sequoia Hospital for the public announcement of the scholarship awards.

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

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

### Contact Information

Your Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please note that we will use e-mail to communicate whenever possible.**

### Photograph

☐ I have submitted a photograph of myself with my application.

### Questions

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? As part of your response, please include an example that inspired your interest in "family-centered" care.
2. Provide an example of a decision you made which involved critical problem solving.
3. Often students have a background, identity, interest, or talent that is so meaningful they believe their application would be incomplete without it. Please share yours.

### References

Please list two individuals whom we may contact about your qualifications. These may be the same individuals as those who provide your recommendations.

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
- **A photograph of yourself** (*Will be used during finalist interviews only and will not be shared publicly*)
- **Responses to questions 1-3** (*see page 2 of this application*)
- **Copies of your college transcripts**. These should include:
  - 1) transcripts for all college studies prior to entering this program, and
  - 2) transcripts for all semesters in the SFSU program including the fall 2016 semester.

Transcripts may be printed copies from the school's academic records system.

- **Two written recommendations** that exemplify your work and commitment. These recommendations may be from the same individuals you have listed as references.
  - **One person must be involved with your nursing education.** Please provide them with the Nursing Education Recommendation Form on page 4 which should be submitted with their comments.
  - **The other individual should know you from a different aspect of your life (*not connected to your nursing education*);** e.g. employer, friend, coworker, fellow volunteer, etc. and should submit a formal letter of recommendation. Do NOT use the Nursing Education Recommendation form for this letter. Please seek this recommendation from someone who has known you well for a long time.

Written recommendations must be sent directly, by their author, to the Sequoia Hospital Foundation (*contact information listed below*) and should not be submitted by the applicant. Recommendations must be received by the application deadline.

**To submit your completed application by the March 24, 2017\*** deadline, please mail, e-mail or fax the above documents to:

Sequoia Hospital Foundation  
Attn: Alex Wight  
170 Alameda de las Pulgas  
Redwood City, CA 94062

Fax: (650) 369-0277  
[alex.wright@dignityhealth.org](mailto:alex.wright@dignityhealth.org)  
\*Postmarked by March 24, 2017 or,  
facsimile or e-mail sent by March 24, 2017

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

**For questions about the application:**

Please contact Alex Wright at the Sequoia Hospital Foundation office by e-mail at [alex.wright@dignityhealth.org](mailto:alex.wright@dignityhealth.org), or by phone at 650-367-5676.

Sequoia Hospital Foundation  
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To the Recommendation Provider:

Name of student: \_\_\_\_\_

Based on your experience to date, would you hire this student as a nurse after graduation and certification?

☐ Yes    ☐ No    ☐ Perhaps

How would you rate this student with respect to personal and academic commitment?

☐ Outstanding    ☐ Very good    ☐ Good    ☐ Average    ☐ Below average

Please elaborate on your responses above using the space below (or on a separate sheet if you prefer). Add any other information/comments that you believe the Committee should have when evaluating this student's application. Refer to the following list of skills for help in considering and formulating your comments. Comment on those skills where the student excels or falls short.

This nursing student:

- Is self directed/motivated
- Seeks help and clarification when necessary
- Organizes work in a systematic manner/Prioritizes effectively
- Utilizes the nursing care plans or other instructional tools provided
- Demonstrates skill in basic nursing techniques & assessment
- Is a safe practitioner
- Utilizes interpersonal skills with various individuals: patients, families, teachers, fellow students, etc.
- Exhibits professional behavior
- Conveys an at-ease bedside manner

Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Class Taught: \_\_\_\_\_ Date of Class: \_\_\_\_\_

*(if applicable)*

Comments

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**Please return this form and your comments not later than March 24, 2017 to:**

Alex Wright

Sequoia Hospital Foundation  
170 Alameda de las Pulgas  
Redwood City, CA 94062

Fax: 650-369-0277

Email: [alex.wright@dignityhealth.org](mailto:alex.wright@dignityhealth.org)

Phone: 650-367-5676