

Amalia Diaz Scholarship for California Dream Act Eligible Students

Student Name (PRINT) Telephone # Student ID #

Address (PRINT) City State Zip Code

THE STUDENT MUST COMPLETE THE FOLLOWING STEPS AND SUBMIT THE DOCUMENTATION REQUIRED:

1. **MUST NOT BE PARTICIPATING IN AN ARTICULATION AGREEMENT AND/OR EMPLOYER SPONSORED PROGRAM.**
2. **COMPLETE** THE PROCESS WITHIN THE SCHOLARSHIP/GRANT FORM DEADLINE.
 - o SUBMIT A COMPLETED SCHOLARSHIP/GRANT FORM WITHIN THE FIRST 30 DAYS AFTER ENROLLMENT INTO THE VOCATIONAL NURSING PROGRAM HAS BEEN COMPLETED
3. THE STUDENT/GRADUATE TO BE ELIGIBLE FOR THE AWARD MUST BE IN **GOOD**:
 - o FINANCIAL STANDING
 - o ACADEMIC STANDING
 - o ATTENDANCE STANDING
 - o CONDUCT STANDING
4. IF THE APPLICANT IS A TRANSFER STUDENT, AND RECEIVED TRANSFER CREDIT FOR ANY TERM, THEN SCHOLARSHIP/GRANT AMOUNT WILL BE REDUCED BY 50% FOR THAT TERM ONLY.

QUALIFICATIONS:

1. MUST MEET THE ELIGIBILITY REQUIREMENTS FOR THE STATE OF CALIFORNIA'S DREAM ACT
2. MUST HAVE A VERIFIED HIGH SCHOOL G.P.A. OF 3.0 OR HIGHER OR HAVE EARNED AN ASSOCIATE'S DEGREE OR MASTER'S DEGREE FROM AN ACCREDITED POST-SECONDARY INSTITUTION.
3. MUST SCORE 21 OR HIGHER ON THE WONDERLIC EXAM
4. ONLY APPLIES TO THE VOCATIONAL NURSING PROGRAM
5. MUST HAVE A DOCUMENTED AND APPROVED FINANCIAL PLAN FOR THE REMAINING COST OF THE PROGRAM.

AT THE COMPLETION OF ALL OF THE ABOVE STEPS AND SUBMITTING THE APPLICATION THE STUDENT/GRADUATE MAYBE ELIGIBLE TO:

- RECEIVE A SCHOLARSHIP/GRANT AT THE AWARDED AMOUNT
 - a. THE ANGELES INSTITUTE SCHOLARSHIP/GRANT WILL BE AWARDED UPON ENROLLMENT ON A FIRST COME, FIRST SERVED BASIS.

PLEASE NOTE ONLY 2 SCHOLARSHIPS WILL BE AWARDED PER COHORT ON A FIRST COME FIRST SERVE BASIS.

I UNDERSTAND THAT I MUST COMPLETE ALL FORMS/STEPS/STIPULATIONS AS LISTED ABOVE TO BE ELIGIBLE FOR ANY SCHOLARSHIP/GRANT THAT ANGELES INSTITUTE IF OFFERING. I UNDERSTAND I MAY NOT BE SELECTED OR ELIGIBLE FOR ANY OR ALL GRANTS AND SCHOLARSHIPS.

Signature of Student

Date

- REGISTRAR DEPT VERIFICATION (GPA/ATTENDANCE) _____
- STUDENT AFFAIRS &/OR NURSING DEPT VERIFICATION _____
- ALL FORMS AND DOCUMENTATION RECEIVED & PROCESSED (FA) _____

Signature of School Official

Date

For office use only:

REGISTRAR MEMBER COMPLETING REQUEST: _____

Student Name: _____ **ID#:** _____

Term Applying: _____ **Current Term:** _____

DOCUMENTATION REVIEW FOR ELIGIBILITY:

- AI GPA VERIFICATION (REGISTRAR) _____
- HIGH SCHOOL GPA VERIFICATION (REGISTRAR) _____
- POST SECONDARY DEGREE (REGISTRAR) _____
- EFC VERIFICATION (FINANCIAL AID) **YES/NO** _____
- STUDENT FROM EXISTING CLINICAL SITE (NURSING DEPARTMENT) _____
- COPY OF PASS LETTER FROM THE BVNPT (FOR **FIRST** TRY ONLY – STUDENT AFFAIRS)
- ATTENDANCE RECORDS _____
- OTHER: _____

GRANT ELIGIBILITY OR DETAILS:

GRANT AWARDED: _____

FINANCIAL AID DEPARTMENT COMPLETED: _____

EMAIL NOTIFICATION SENT: YES/NO

DATE COMPLETED: _____