



7. List Schools attended since graduation (from CHSN, if applicable), noting years attended, units earned, degrees earned.

School attended	City	State	Units earned	Degree earned	Year(s)

8. In 500 words or less, describe your future nursing goal(s) with the completion of your present program.

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9. Please contact the following persons requesting that they submit letters of reference on your behalf: one from your employer (in the health field, if possible), one from a teacher, one from a friend who is aware of your current goals. The letters should be submitted to the California Hospital School of Nursing Alumni Association, PO Box 88585, Los Angeles, CA 90009.

10. Identify your school expenses for the year you are seeking financial assistance, noting tuition, books, transportation, parking, and/or childcare (if necessary).

<b>School related Expense</b>	<b>Cost</b>

11. Briefly describe your family responsibilities during the time you will be in school, identifying family members, naming those who will be contributing financially.

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12. Submit transcripts from all schools attended in the past 8 years with your application.

I declare that my responses to the questions are truthful and provide current information.

Signature \_\_\_\_\_ Date \_\_\_\_\_