

# **Technical Assistance Guide for the Department of Health Care Access and Information (HCAI) Scholarship Programs**

## **Cycle Year 2026**

# Table Of Contents

- [3. Purpose](#)
- [4. Programs Available During 2026 Cycle](#)
- [5. Key Dates](#)
- [6. Helpful Information Before You Apply](#)
- [7. Information to Gather](#)
- [8. Funding Info & Award Amounts](#)
- [9. Creating Your Account](#)
- [13. Setting up Your Profile](#)
- [14. Completing Your Profile](#)
- [16. How to Apply](#)
- [18. Helpful Tips](#)
- [20. Completing Your Application](#)
- [29. Uploading Your Required Documents](#)
- [33. Common Application Errors](#)
- [34. Submitting Your Application](#)
- [35. Submission Complete](#)
- [36. Viewing Your Application Status](#)
- [37. Questions?](#)

# Purpose

The purpose of this Technical Assistance Guide is to assist applicants with navigating the HCAI Funding Portal, including how to:

- Provide useful information to better assist with the application process.
- Create an Account.
- Update Contact Information.
- Check Eligibility.
- Apply! (steps for completing an application from start to submission).
- Review Application Status.

# Programs Available During 2026 Cycle

- Associate Degree Nursing Scholarship Program (ADNSP)
- Bachelor of Science Nursing Scholarship Program (BSNSP)
- Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program (LVNtoADNSP)
- Vocational Nurse Scholarship Program (VNSP)

# Key Dates

| Event                                             | Date/Time                        | Note                                                                                                                                                                           |
|---------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cycle Opens<br>(Application Available)            | September 1, 2026<br>(3:00 p.m.) | You will not be able to start an application until after this time.                                                                                                            |
| Cycle Closes<br>(Application Deadline)            | October 2, 2026<br>(3:00 p.m.)   | All applications must be submitted by 3:00 p.m., on 10/2/2026 – No exceptions.                                                                                                 |
| Award Notification<br>(Anticipated Announcements) | January 2027                     | All applicants will receive final award status notifications via email (from: " <a href="mailto:no-reply@hcai.ca.gov">no-reply@hcai.ca.gov</a> "), once all reviews are final. |

# Helpful Information Before You Apply

- Please review your Program's Grant Guide.
- Be sure to read all requirements.
- Applying does not guarantee you will be awarded.
- HCAI does not allow exceptions to the terms listed in a program's Grant Guide.
- Funding shall be used towards the payment of qualifying educational costs during the term of the Agreement.
- Practice sites must be located in California and must meet all eligibility requirements as defined in the applicable program's Grant Guide.
- HCAI may reject applications that contain false, inaccurate or misleading information. All information included on any attachments must match the details entered into their online application. Incomplete and/or inconsistent/conflicting information will deem an application ineligible.
- Once an application has been submitted, no changes will be allowed.

# Information to Gather

- **Eligible Cost of Attendance (For one year):** To qualify for an award, you must indicate that you have costs associated with schooling. The Cost of Attendance (CoA) represents the total cost of attending your program for one year. The CoA may include the following expenses:
  - ✓ Tuition and fees.
  - ✓ On-campus room and board (or housing and food allowance for off-campus students).
  - ✓ Allowances for books, supplies, transportation, loan fees, and, if applicable, dependent care.
  - ✓ The document must include your school's name and indicate your current year in the program.
  - ✓ The CoA must reflect the costs associated for one year only and the total must be clearly indicated.
- **Scholarship Program Verification (SPV) form:** You will be required to submit a SPV to verify your educational program, GPA and graduation date.
- **Employment Verification Form (EVF) (if applicable):** If you are currently working in the healthcare field and enter employment information on the application, you will be required to complete and submit an EVF.

# Funding Info & Award Amounts

## ❖ **Associate Degree Nursing Scholarship Program (ADNSP)**

ADNSP is funded through a \$10 surcharge for renewal and licensure fees of Registered Nurses (RNs) in California. Approximately \$50,000 is available statewide to support students enrolled in an eligible Associate Degree Nursing program that prepares them to become a Registered Nurse. The maximum award amount for the ADNSP is \$8,000.

## ❖ **Bachelor of Science Nursing Scholarship Program (BSNSP)**

BSNSP is funded through a \$10 surcharge for renewal and licensure fees of Registered Nurses (RNs) in California. Approximately \$195,000 is available statewide to support students enrolled in an eligible Bachelor Degree Nursing Program that prepares them to become a Registered Nurse. The maximum award amount for the BSNSP is \$10,000.

## ❖ **Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program (LVNtoADN)**

LVNtoADN is funded through a \$10 surcharge for renewal and licensure fees of Registered Nurses (RNs) in California. Approximately \$50,000 is available to support students enrolled in an eligible Associate Degree Bridge Program that prepares them to become a Registered Nurse. The maximum award amount for the LVNtoADN is \$8,000.

## ❖ **Vocational Nurse Scholarship Program (VNSP)**

VNSP is funded through a \$5 surcharge for renewal and licensure fees of Vocational Nurses (LVNs) in California. Approximately \$24,000 is available statewide to support students enrolled in eligible certificate, diploma, or accredited Associate Degree Program that prepares them to become a Licensed Vocational Nurse. The maximum award amount for the VNSP is \$4,000.

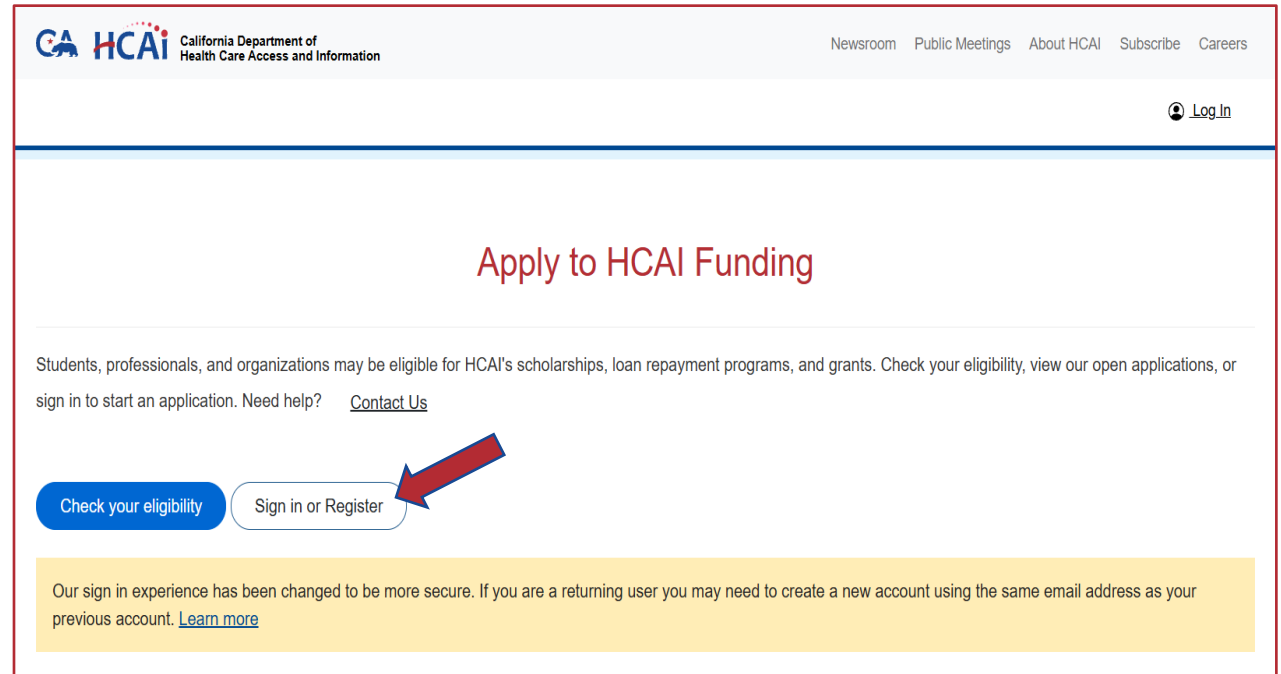
# Creating Your Account

If you are interested in applying for a Department of Health Care Access and Information (HCAI) program, administered through the HCAI Funding Portal, you must first Create an Account. You will not be able to proceed with accessing a program's application without an account.

1. To access the [HCAI Funding Portal](#) click the link

**\*WARNING\*** To ensure proper functionality in the Funding Portal, use Google Chrome or Microsoft Edge, as Internet Explorer is no longer supported. Using a Windows-based PC/laptop is recommended. We do not recommend accessing via smartphones, tablets, and/or iOS-based devices.

2. Click on "Sign in or Register"



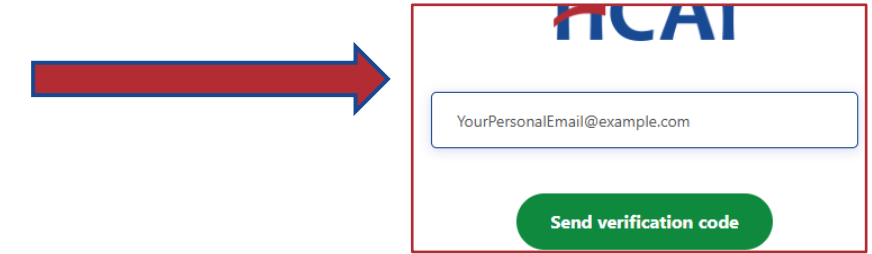
# Creating Your Account (cont.)

3. If you are a New User (i.e., new applicants) you must click on “Sign up now” just below the “Sign in” button.



① NOTE: Existing Users (i.e., returning applicants and/or awardees), must simply use their previous Email Address and Password to Sign in. If you are an Existing User, you may skip to slide 12 of this document.

4. Enter your Email Address and click “Send verification code”.



① NOTE: Make sure to use an email address you will always have access to, as HCAI will use this email to send communications. We do not recommend using your employer/school email address as that may change in the future.

# Creating Your Account (cont.)

5. Go to your email inbox where you should have received an email (see screenshot and details below) with additional instructions to follow.

① NOTE: Please allow up to 10 minutes to receive email and be sure to check your spam/trash folders as well.

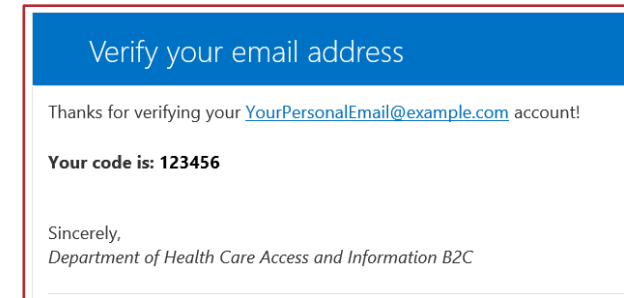
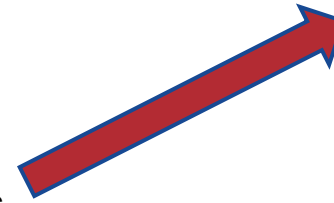
## Email Details:

From:

"Microsoft on behalf of Department of Health Care Access and Information B2C  
<msonlineserviceteam@microsoftonline.com>"

Subject:

"Department of Health Care Access and Information B2C  
account email verification code"



# Creating Your Account (cont.)

6. Enter the “Verification Code” into the appropriate box then click “Verify code”.

7. Fill in the remaining fields as needed, then click “Create”.

Verification code has been sent to your inbox. Please copy it to the input box below.

YourPersonalEmail@example.com

Verification Code

Verify code Send new code

New Password

Confirm New Password

Display Name

Given Name

Surname

Create

# Setting up Your Profile

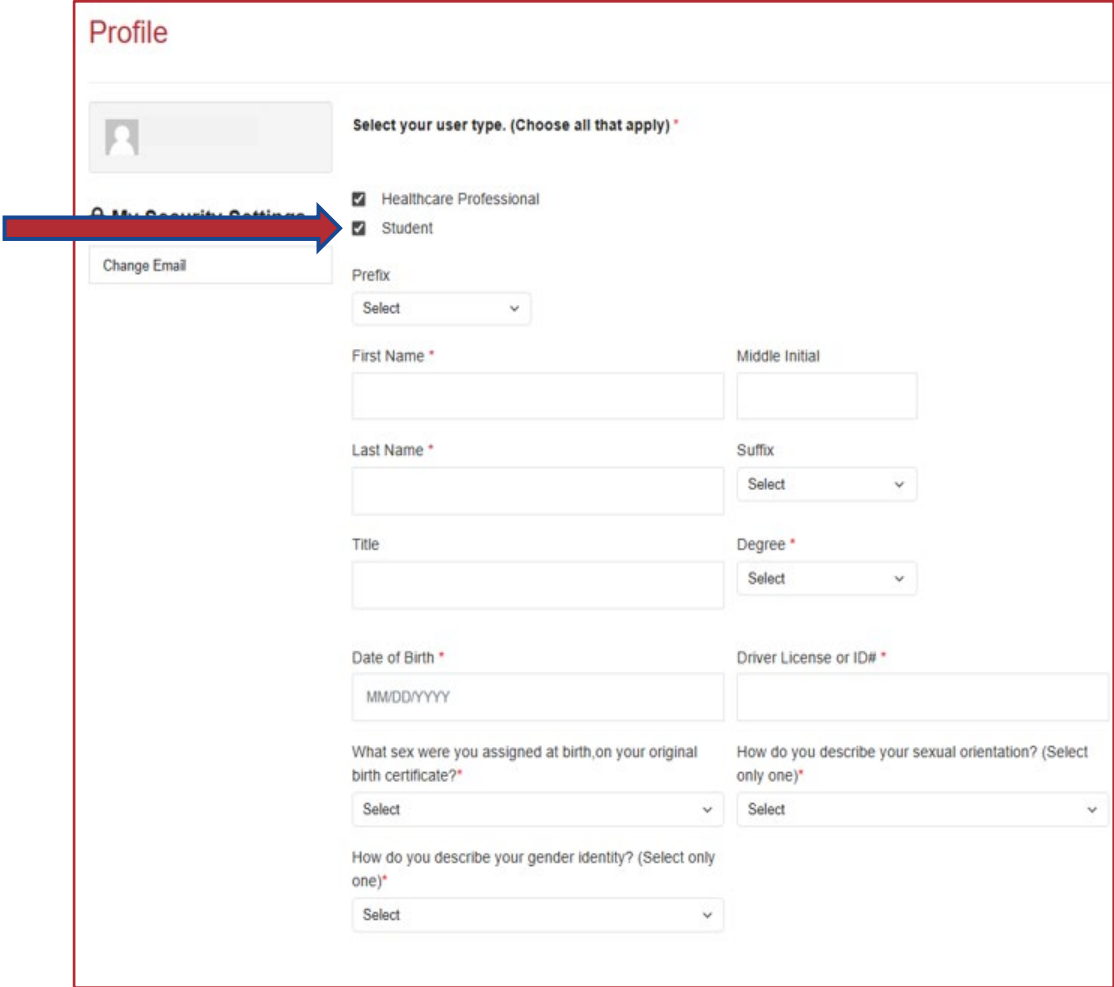
First, indicate the type of user for the profile that is being created. Program applications will only be accessible depending on the user type(s) selected.

☐ “Healthcare Professional” – This user type is for individuals currently working and looking to apply for Loan Repayment Programs.

☒ “Student” – This user type is for individuals currently in school/training and looking for Scholarship Programs.

① NOTE: All fields indicated with a red asterisk “\*” will need to be completed, starting with the First and Last name of the individual creating the account.

① Please ensure that the First and Last name entered are the legal spelling of your name and match what is on record with the Social Security Administration and Internal Revenue Service (IRS).



The screenshot shows the 'Profile' setup page. A red arrow points to the 'Student' checkbox under the 'Select your user type. (Choose all that apply)' section. The form includes fields for Prefix, First Name, Middle Initial, Last Name, Suffix, Title, Degree, Date of Birth, Driver License or ID#, What sex were you assigned at birth, on your original birth certificate?, How do you describe your sexual orientation?, and How do you describe your gender identity?.

Profile

Select your user type. (Choose all that apply) \*

☒ Healthcare Professional

☒ Student

Change Email

Prefix

Select

First Name \*

Middle Initial

Last Name \*

Suffix

Select

Title

Degree \*

Select

Date of Birth \*

MM/DD/YYYY

Driver License or ID# \*

What sex were you assigned at birth, on your original birth certificate? \*

Select

How do you describe your sexual orientation? (Select only one) \*

Select

How do you describe your gender identity? (Select only one) \*

Select

# Completing Your Profile

Next, you will need to complete the demographic fields shown here.



| Are you Hispanic, Latino/a/e, or of Spanish Origin?<br>(One or more categories may be selected)*                                                                  | Race*                                                                       |                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> No                                                                                                                                       | <input type="checkbox"/> American Indian, Native American, or Alaska Native | <input type="checkbox"/> Black, African-American, or African      |
| <input type="checkbox"/> Yes, Mexican, Mexican American, or Chicano/a                                                                                             | <input type="checkbox"/> Asian, Asian Indian                                | <input type="checkbox"/> Middle Eastern                           |
| <input type="checkbox"/> Yes, Puerto Rican                                                                                                                        | <input type="checkbox"/> Asian, Chinese                                     | <input type="checkbox"/> Pacific Islander, Guamanian              |
| <input type="checkbox"/> Yes, Cuban                                                                                                                               | <input type="checkbox"/> Asian, Cambodian                                   | <input type="checkbox"/> Pacific Islander, Hawaiian               |
| <input type="checkbox"/> Yes, Central American                                                                                                                    | <input type="checkbox"/> Asian, Filipino                                    | <input type="checkbox"/> Pacific Islander, Samoan                 |
| <input type="checkbox"/> Yes, South American                                                                                                                      | <input type="checkbox"/> Asian, Indonesian                                  | <input type="checkbox"/> Pacific Islander, Other (Please specify) |
| <input type="checkbox"/> Yes, Other Hispanic, Latino/a/e, or of Spanish Origin (specify)<br>Other Hispanic, Latino/a/e, or Spanish Origin<br><input type="text"/> | <input type="checkbox"/> Asian, Japanese                                    | Other Pacific Islander<br><input type="text"/>                    |
| <input type="checkbox"/> Decline to state                                                                                                                         | <input type="checkbox"/> Asian, Korean                                      | <input checked="" type="checkbox"/> White/Caucasian               |
|                                                                                                                                                                   | <input type="checkbox"/> Asian, Laotian                                     | <input type="checkbox"/> Other(Please specify)                    |
|                                                                                                                                                                   | <input type="checkbox"/> Asian, Singaporean                                 | Other<br><input type="text"/>                                     |
|                                                                                                                                                                   | <input type="checkbox"/> Asian, Thai                                        | <input type="checkbox"/> Decline to state                         |
|                                                                                                                                                                   | <input type="checkbox"/> Asian, Vietnamese                                  |                                                                   |
|                                                                                                                                                                   | <input type="checkbox"/> Asian, Other Asian (Please specify)                |                                                                   |
|                                                                                                                                                                   | Other Asian<br><input type="text"/>                                         |                                                                   |

# Completing Your Profile (cont.)

- Use your residential mailing address.
- Click “Select Address” to search and auto-populate.
- If your address doesn’t appear, try entering only the street number and name or remove punctuation.
- Enter suite/apartment details in Suite/Apt/Dept (no “#”).
- PO Boxes must be added by a Program Officer.
- Enter at least one valid phone number.
- Click “Submit” to complete your profile.

Click on the **Select Address** button to populate the Address Fields.

**Select Address**

Street Address \*  
2020 W El Camino Ave

Suite/Apt/Dept

City \*  
Sacramento

State  
CA

Zip Code \*  
95833

County  
Sacramento

Phone 1 \*  
(916) 326-3700

Phone 2  
Provide a telephone number

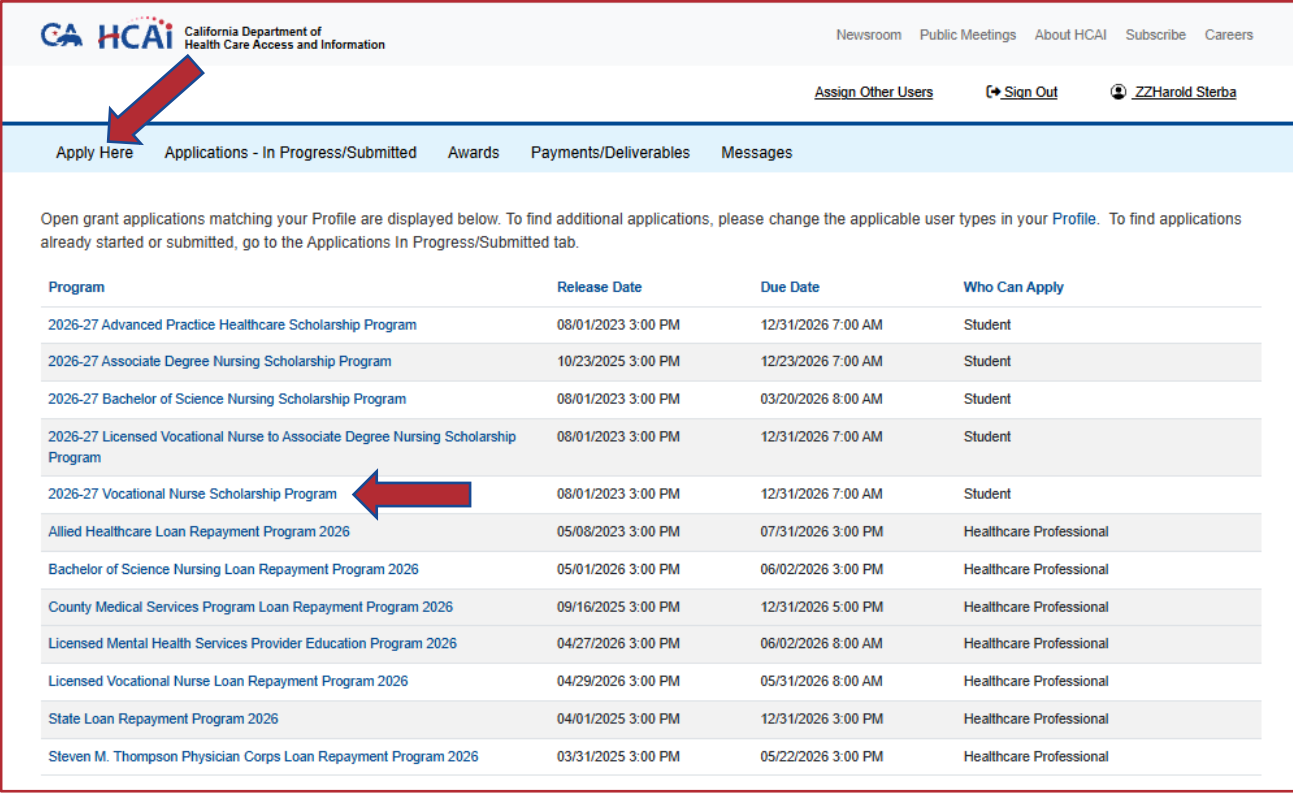
Email \*  
YourPersonalEmail@example.com

☒ Receive email announcements for new **funding** opportunities

**Submit**

# How to Apply

- After you have created your account and updated your Profile, you are now ready to apply for HCAI Programs.
- Navigate to the HCAI [Funding Portal](#), ensuring you are still signed in, and click “Apply Here” located in the blue ribbon at top of page to review available applications.
- All available applications will be listed on this page. Click the blue hyperlink for your desired program (we will use VNSP as our example).



CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

[Assign Other Users](#) [Sign Out](#) ZZHarold Sterba

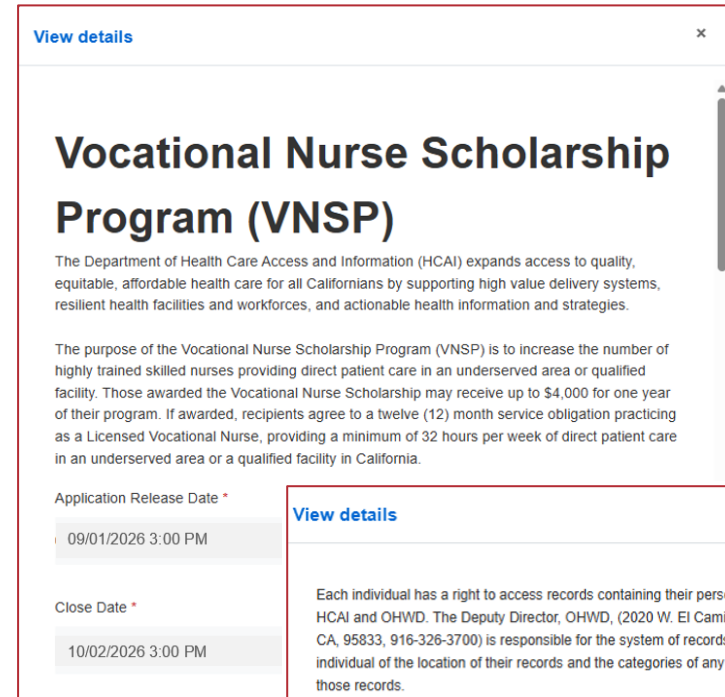
[Apply Here](#) Applications - In Progress/Submitted Awards Payments/Deliverables Messages

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your [Profile](#). To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

| Program                                                                                           | Release Date       | Due Date           | Who Can Apply           |
|---------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------|
| <a href="#">2026-27 Advanced Practice Healthcare Scholarship Program</a>                          | 08/01/2023 3:00 PM | 12/31/2026 7:00 AM | Student                 |
| <a href="#">2026-27 Associate Degree Nursing Scholarship Program</a>                              | 10/23/2025 3:00 PM | 12/23/2026 7:00 AM | Student                 |
| <a href="#">2026-27 Bachelor of Science Nursing Scholarship Program</a>                           | 08/01/2023 3:00 PM | 03/20/2026 8:00 AM | Student                 |
| <a href="#">2026-27 Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program</a> | 08/01/2023 3:00 PM | 12/31/2026 7:00 AM | Student                 |
| <a href="#">2026-27 Vocational Nurse Scholarship Program</a>                                      | 08/01/2023 3:00 PM | 12/31/2026 7:00 AM | Student                 |
| <a href="#">Allied Healthcare Loan Repayment Program 2026</a>                                     | 05/08/2023 3:00 PM | 07/31/2026 3:00 PM | Healthcare Professional |
| <a href="#">Bachelor of Science Nursing Loan Repayment Program 2026</a>                           | 05/01/2026 3:00 PM | 06/02/2026 3:00 PM | Healthcare Professional |
| <a href="#">County Medical Services Program Loan Repayment Program 2026</a>                       | 09/16/2025 3:00 PM | 12/31/2026 5:00 PM | Healthcare Professional |
| <a href="#">Licensed Mental Health Services Provider Education Program 2026</a>                   | 04/27/2026 3:00 PM | 06/02/2026 8:00 AM | Healthcare Professional |
| <a href="#">Licensed Vocational Nurse Loan Repayment Program 2026</a>                             | 04/29/2026 3:00 PM | 05/31/2026 8:00 AM | Healthcare Professional |
| <a href="#">State Loan Repayment Program 2026</a>                                                 | 04/01/2025 3:00 PM | 12/31/2026 3:00 PM | Healthcare Professional |
| <a href="#">Steven M. Thompson Physician Corps Loan Repayment Program 2026</a>                    | 03/31/2025 3:00 PM | 05/22/2026 3:00 PM | Healthcare Professional |

# How to Apply (cont.)

- After selecting the program, you would like to apply for (as an example we have selected VNSP) a new window will appear with the heading “View Details” this provides a basic description and program eligibility requirements.
- Be sure to read through all the information and once you reach the bottom of the window, you will see a blue “Apply” button as well as “Related Documents” section (i.e., the program’s “Grant Guide”).



**View details** x

## Vocational Nurse Scholarship Program (VNSP)

The Department of Health Care Access and Information (HCAI) expands access to quality, equitable, affordable health care for all Californians by supporting high value delivery systems, resilient health facilities and workforces, and actionable health information and strategies.

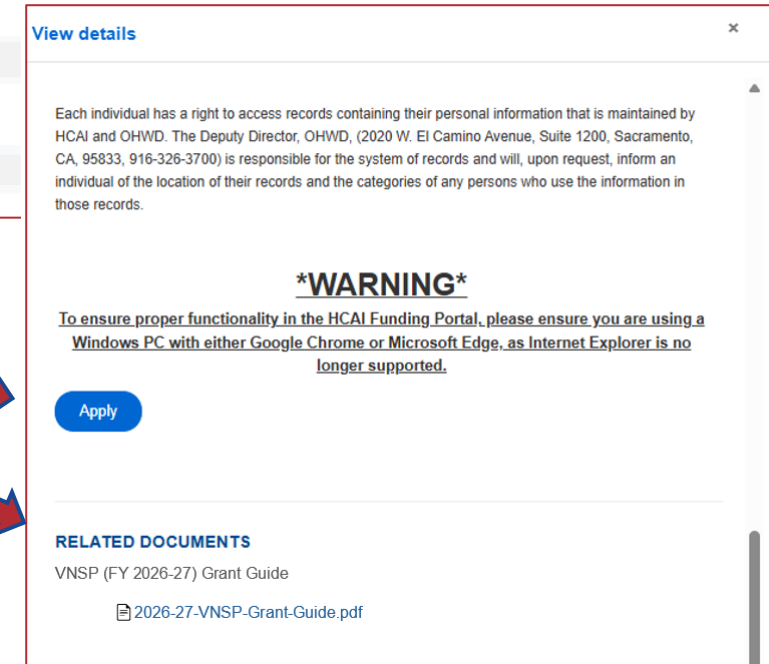
The purpose of the Vocational Nurse Scholarship Program (VNSP) is to increase the number of highly trained skilled nurses providing direct patient care in an underserved area or qualified facility. Those awarded the Vocational Nurse Scholarship may receive up to \$4,000 for one year of their program. If awarded, recipients agree to a twelve (12) month service obligation practicing as a Licensed Vocational Nurse, providing a minimum of 32 hours per week of direct patient care in an underserved area or a qualified facility in California.

Application Release Date \*

09/01/2026 3:00 PM

Close Date \*

10/02/2026 3:00 PM



**View details** x

Each individual has a right to access records containing their personal information that is maintained by HCAI and OHWD. The Deputy Director, OHWD, (2020 W. El Camino Avenue, Suite 1200, Sacramento, CA, 95833, 916-326-3700) is responsible for the system of records and will, upon request, inform an individual of the location of their records and the categories of any persons who use the information in those records.

**\*WARNING\***

To ensure proper functionality in the HCAI Funding Portal, please ensure you are using a Windows PC with either Google Chrome or Microsoft Edge, as Internet Explorer is no longer supported.

**Apply**

**RELATED DOCUMENTS**

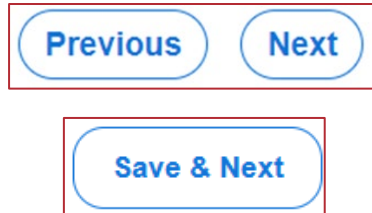
VNSP (FY 2026-27) Grant Guide

2026-27-VNSP-Grant-Guide.pdf

# Helpful Tips

## Navigating the Application

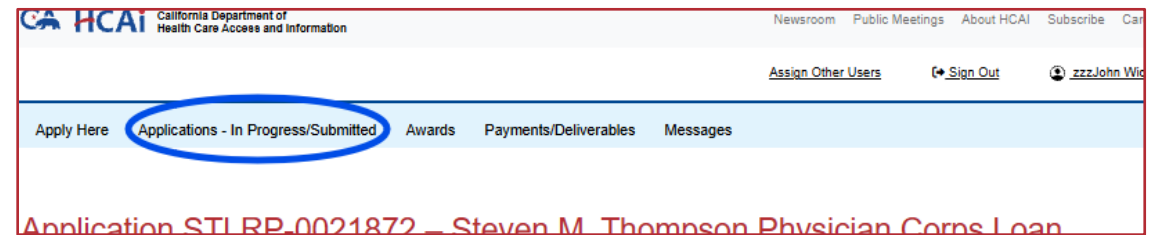
Use the “Previous”, “Next” and/or “Save & Next” buttons found at the bottom left of each page.



## Saving the Application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.

Please Note: After saving, you can leave and return later to continue working on your application.



# Helpful Tips (cont.)

## Asterisks \*

The red asterisks indicate which fields require a response before proceeding to the next page.

- Have you received/participated in any of the following:\*
- The Health Resources and Services Administration's (HRSA) Student Loan Repayment Program (SLRP).
  - Federal Supplement Educational Opportunity Grant (FSEOG).

## Tooltips ?

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

Full name of the applicant. Go to your User Profile to change this field.

Applicant Name ?

John Wick

# Completing Your Application

## Eligibility Information

- The application will begin by asking Eligibility Information for you to complete.
- Once all questions are answered and if eligible, a “Save & Next” button will appear at the bottom of the page for you to proceed to the next page.

NOTE: If a “Save & Next” button does not appear, “You are not eligible for this HCAI scholarship program because you selected “No” to one of the above questions.”

### Eligibility Information

The following questions will determine your eligibility for this scholarship program. If you answer “No” to any of these questions, you are not eligible for this scholarship.

Applicant Name 

ZZNadia Leslie

Are you planning a career providing direct services? 

☐ No ☒ Yes

Will you start or continue your education or training program on or before October 1 of this year?

☐ No ☒ Yes

Do you have a recent GPA of 2.0 or higher? 

☐ No ☒ Yes

Are you willing to commit to the required service obligation after completing your education or training program? 

☐ No ☒ Yes

[Save & Next](#)

# Completing Your Application (cont.)

## Program Information

Please answer each question.

9%

### Program Information

Program you have enrolled in or have been accepted to that will lead to one of the following professions:\*

Select

Degree or Certification sought\*

Select

Type of School/Program \*

Select

Previous

Save & Next

# Completing Your Application (cont.)

## Profile Information

- No changes can be made directly to this page; it is for review only.
- If necessary, please go to your Profile (access by clicking the person icon at top right of page) to make updates to this information.



Assign Other Users Sign Out zzzJohn Wick

Apply Here Applications - In Progress/Submitted Awards Payments/Deliverables Messages

Application VNSP-0021918 – Vocational Nurse Scholarship Program

10%

### Profile Information

Please go to your profile page to make updates to this information, as necessary.

Date of Birth: 02/10/1928

What sex were you assigned at birth, on your original birth certificate?: Male

Driver License or ID#: C1234567

Email Address:

Are you Hispanic, Latino/a/e, or of Spanish Origin? (One or more categories may be selected)

☒ No

☐ Yes, Mexican, Mexican American, or Chicano/a

# Completing Your Application (cont.)

## Contact Information

- Please provide one unique contact. This should be a person not living with you (preferably relatives) that will know how to reach you should we need to contact you.
- If you are missing required information, you will not be able to continue, and an error message will appear.

### Contact Information

Please provide one unique contact. This should be a person not living with you (preferably relatives) that will know how to reach you should we need to contact you.

Contact First Name \*

Contact Last Name \*

Click on the **Select Address** button to populate the Address Fields.

Select Address

?

Street Address \*

City \*

State \*

Zip Code \*

Contact Phone \*

Contact Email \*

Provide a telephone number

Contact Relationship to Applicant \*

Select

Previous

Save & Next

# Completing Your Application (cont.)

## Background Information

- Please answer each question.
- If you are missing required information, you will not be able to continue, and an error message will appear.

Application VNSP-0021918 – Vocational Nurse Scholarship Program

40%

Background Information

The following information will help HCAI understand your background as we seek to fund a health workforce made up of people of all backgrounds.

Are you a First-Generation college student? \*

☐ No ☒ Yes

Upon graduating, do you plan on serving children and youth ages 0 to 25? \*

☒ No ☐ Yes

Are you a prior or current Office of Statewide Health Planning and Development (OSHDP) or Health Care Access and Information (HCAI) Awardee? \*

☐ No ☒ Yes

What was your previous Grant Agreement Number? \*

Previous Save & Next

# Completing Your Application (cont.)

## Educational Information

- Answer all questions.
- If you see a blue circle with a question mark (?) at the end of a question, title, or sentence, click on these icons for additional information.

### Educational Information

The following questions refer to your educational experience to date.

Highest level of degree obtained \*

Bachelor Degree

Please provide the name and address of the high school you graduated from. If you were homeschooled or earned a GED, enter your home address.

High School Name \*

Placer High School

☐ My high school was not in the United States.

Click on the **Select Address** button to populate the High School Address Fields.

Select Address

Street Address\*

275 Orange St

City\*

Wilmington

State \*

DE

Zip Code\*

19801

County\*

Yuba

Country\*

United States of America (USA)

Have you received/participated in any of the following:\*

- The Health Resources and Services Administration's (HRSA) Scholarship for Disadvantaged Students.
- Federal Supplement Educational Opportunity Grant (FSEOG).
- Pell Grants.
- Perkins Loan.
- Work Study Program.
- California College Promise Grant from California Community College.
- Food Stamp Program (e.g. Cal Fresh, SNAP, EBT).

☐ No ☒ Yes

Previous Save & Next

# Completing Your Application (cont.)

## Professional Information

Please complete all questions.

### Professional Information

Provide the following information regarding your professional experience.

Are you currently certified, licensed or registered with a California Certifying Organization, Board, or Committee? \*

☒ No ☐ Yes

Please provide your National Provider Identifier (NPI). Check the "NPI Not Applicable" if you do not have an NPI.

☒ NPI not applicable

Do you currently work or volunteer for a State of California entity? \* ?

☒ No ☐ Yes

Have you ever worked or volunteered for a State of California entity? \* ?

☐ No ☒ Yes

Have you volunteered or worked in a medically underserved area or with a medically underserved population in the United States or overseas? \*

☒ No ☐ Yes

Do you speak any of the listed languages fluently/well enough to provide direct care services to clients without additional translation services? If so, click on the Add a Language button and select each language one at a time that apply.

Add a Language

Language ↑

Arabic

Previous Save & Next

# Completing Your Application (cont.)

## Scholarship Program Verification

- Please answer each question.
- The Cost of Attendance amount in your application must match the amount listed on your form.

70%

### Scholarship Program Verification

Provide the following information for the school or program you will be attending.

School or Program Name \*

School or Program Address ?

Select Address

Street Address \*

City \*

State \*

Zip Code \*

Download and print out the [Scholarship Program Verification \(SPV\) form](#). The form must be completed and signed by your program director or an appropriate designee. When completed and signed, enter the information exactly as provided in the SPV, in the fields below. If the information does not match the SPV, your application will be considered ineligible. The form must be signed within the last 6 months.

**Note:** We will NOT accept letters from your school in lieu of the SPV. Forms must be scanned and uploaded at the end of this application.

Start Date \* Expected Graduation/Completion Date \*

MM/DD/YYYY MM/DD/YYYY

Grade Point Average \*

Number of Units Currently Enrolled \*

Type of Units \*

Select

Cost of Attendance is for one year of school including but not limited to tuition, books, fees, supplies, clinical cost, room and board (including off campus housing and groceries), and dependent care. You will be required to upload the document at the end of the application. You can obtain a copy of the document from your school's financial aid office, school's administration office or school's website. School's name is required on the document. Your cost of attendance must match exactly with what is typed in this box. Failure to match the amounts, may result in your application being deemed ineligible or result in a reduced award amount.

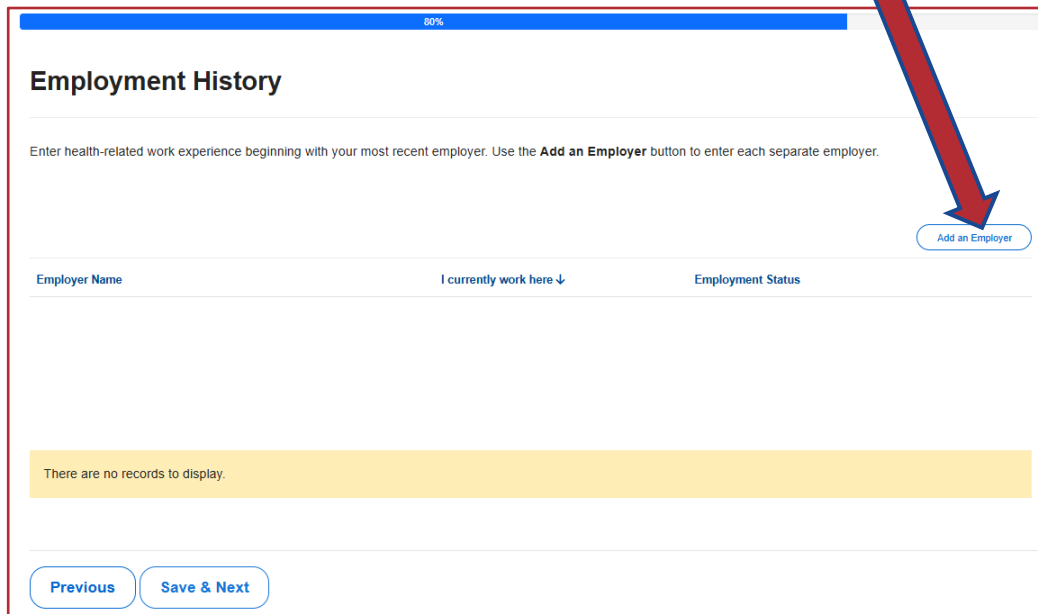
Cost of Attendance \*

Previous Save & Next

# Completing Your Application (cont.)

## Employment History

- Enter health-related work experience only. Having health-related experience is not a requirement.
- For each employer click the “Add an Employer” button, a new window will open for you to enter required information.



The screenshot shows the 'Employment History' section of an application. At the top, there is a progress bar at 80%. Below it, the title 'Employment History' is followed by instructions: 'Enter health-related work experience beginning with your most recent employer. Use the **Add an Employer** button to enter each separate employer.' A table with three columns is shown: 'Employer Name', 'I currently work here ↓', and 'Employment Status'. The table is currently empty, and a yellow message box at the bottom states 'There are no records to display.' A red arrow points from the 'Add an Employer' button in the bottom right corner of the table area to the right-hand form.

80%

### Employment History

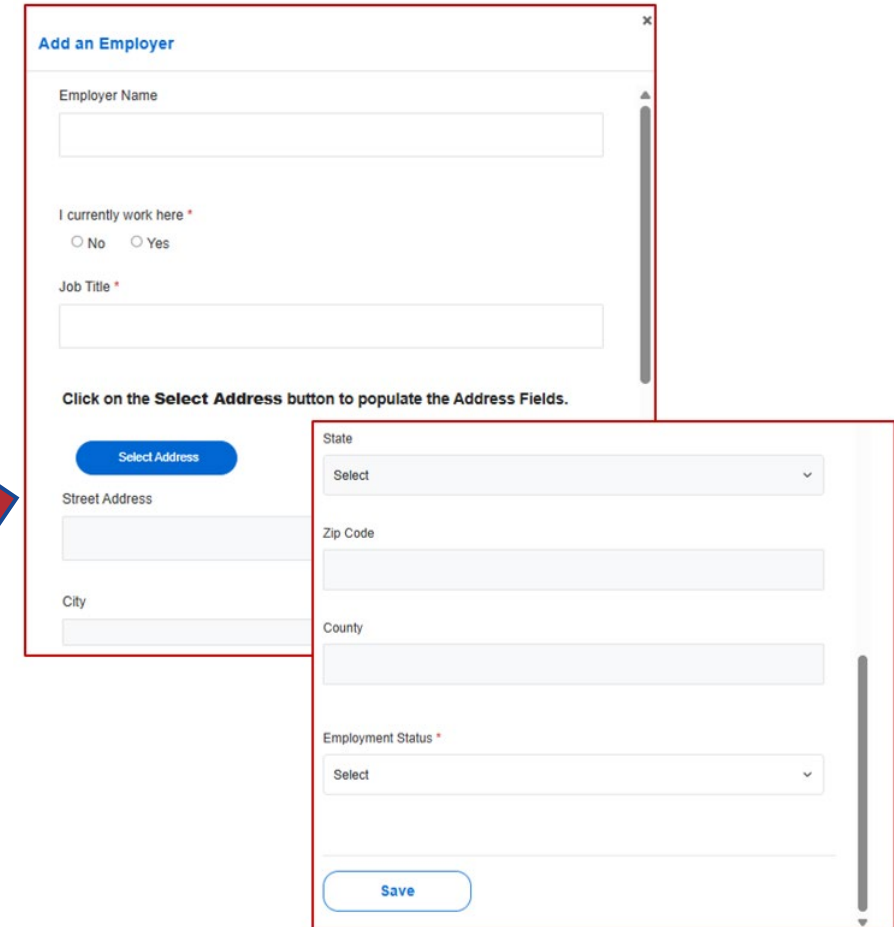
Enter health-related work experience beginning with your most recent employer. Use the **Add an Employer** button to enter each separate employer.

| Employer Name | I currently work here ↓ | Employment Status |
|---------------|-------------------------|-------------------|
|---------------|-------------------------|-------------------|

There are no records to display.

[Previous](#) [Save & Next](#)

[Add an Employer](#)



The screenshot shows the 'Add an Employer' modal form. It contains fields for 'Employer Name', 'I currently work here \*' (with radio buttons for 'No' and 'Yes'), and 'Job Title \*'. Below these fields is a blue button labeled 'Select Address'. A text instruction says 'Click on the **Select Address** button to populate the Address Fields.' To the right of the main form, there is a separate section for address and status information, including dropdowns for 'State', 'Zip Code', 'County', and 'Employment Status \*', and a 'Save' button at the bottom. A red arrow points from the 'Select Address' button in the main form to the address section on the right.

### Add an Employer

Employer Name

I currently work here \*

☐ No ☐ Yes

Job Title \*

Click on the **Select Address** button to populate the Address Fields.

[Select Address](#)

Street Address

City

State

Select

Zip Code

County

Employment Status \*

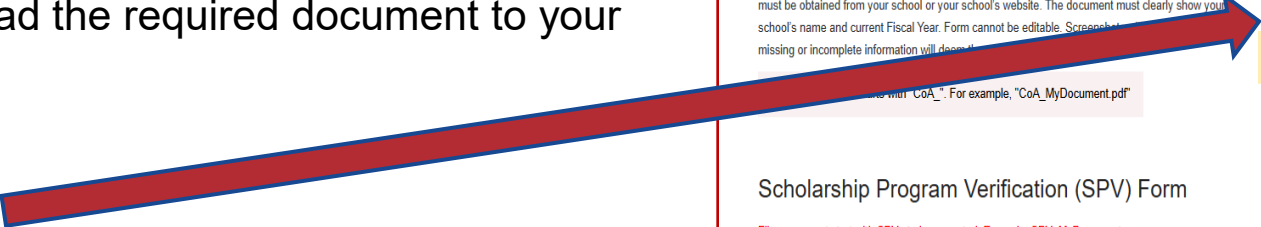
Select

[Save](#)

# Uploading Your Required Documents

Before you start uploading required documents, carefully ensure all required document(s) have been completed and ensure that your document reflects all information that is required.

1. When uploading required documents, ensure that you are utilizing a compatible file format (.doc, .docx, PDF, PNG, and JPEG)
2. Use the appropriate prefix to upload the required document to your application.
3. To upload a required document:
  - Click the “+ Add files” button.
  - After a new pop-up box opens, click the “Choose Files” button.
  - Select the file you would like to upload from your computer then select “Add files”.
  - After uploading your document(s), a prompt will appear saying your document(s) were uploaded successfully.



**Required Documents**

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

**Cost of Attendance**

File name must begin with CoA\_ to be accepted. For example, CoA\_MyDocument

Upload a Cost of Attendance form that reflects the costs associated for only one year. The document must be obtained from your school or your school's website. The document must clearly show your school's name and current Fiscal Year. Form cannot be editable. Screenshots of missing or incomplete information will disqualify your application.

Upload a file that starts with "CoA\_". For example, "CoA\_MyDocument.pdf"

[+ Add Files](#)

There are no folders or files to display.

**Scholarship Program Verification (SPV) Form**

Filename must start with SPV\_ to be accepted, Example: SPV\_MyDocument

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to Download SPV Template.

Upload a file that starts with "SPV\_". For example, "SPV\_MyDocument.pdf"

**⚠ Upload all the required documents in order to continue.**

Your document(s) uploaded successfully.

[Previous](#)

# Uploading Your Required Documents (cont.)

## Required Documents – “CoA\_”

- Upload your Cost of Attendance that includes:
  - Your school's name
  - The current school year
  - List of educational expenses (tuition, books, labs, supplies, rent, etc.) for one year
  - The total must be clearly stated

### Cost of Attendance

File name must begin with CoA\_ to be accepted. For example, CoA\_MyDocument

Upload a Cost of Attendance form that reflects the costs associated for only one year. The document must be obtained from your school or your school's website. The document must clearly show your school's name and current Fiscal Year. Form cannot be editable. Screenshots will be accepted. Any missing or incomplete information will deem the applicant's application ineligible.

Upload a file that starts with "CoA\_". For example, "CoA\_MyDocument.pdf"

# Uploading Your Required Documents (cont.)

## Required Documents – “SPV\_”

- Ensure that your program director or appropriate designee have signed the SPV (applicant cannot sign the SPV).
- Please carefully read all document requirements and ensure that your document reflects all information that is required.

### Scholarship Program Verification (SPV) Form

Filename must start with SPV\_ to be accepted, Example: SPV\_MyDocument

Upload a completed and signed SPV form (signed by your program director or an appropriate designee). The form is located on the Scholarship Program Verification page, or use the following link to [Download SPV Template](#).

Upload a file that starts with "SPV\_". For example, "SPV\_MyDocument.pdf"

# Uploading Your Required Documents (cont.)

## Required Documents – “Conflict\_”

- The Conflict-of-Interest letter is required if you have worked/volunteered for the State of California (if you answered “Yes” on either of the related questions on the “General Information” page).

### Conflict of Interest Letter

Using the “Add Files” button, upload a letter that indicates that you do not or your current or former state of California employer does not have a conflict of interest with the Department of Health Care Access and Information (HCAI). See [letter templates](#). Your filename must start with Conflict\_ to be accepted. For example, “Conflict\_MyDocument.pdf”.

Your document(s) uploaded successfully.

April 30, 2026

To whom it may concern:

I have never worked or volunteered for the state of California; therefore, as an award recipient from the Department of Health Care Access and Information, there is no conflict of interest.

*John Wick*

John Wick

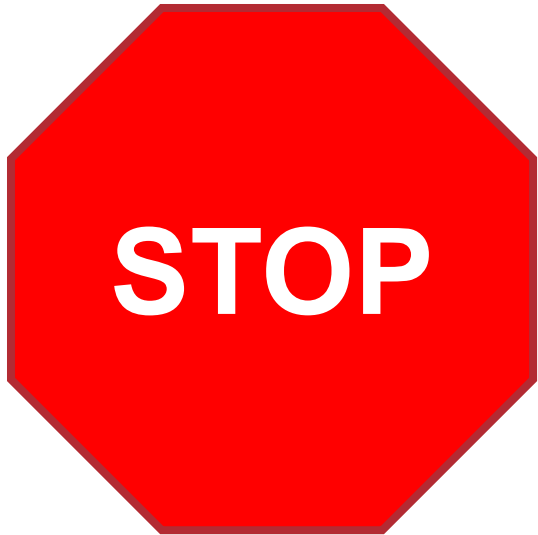
Psychiatric Mental Health Nurse Practitioner Student

(916) 555-5555

[Johnwick@gmail.com](mailto:Johnwick@gmail.com)

# Common Application Errors

Before you submit your application and documents, please review all for accuracy and completeness. Submissions are final, reach out to your program with any questions. Below we have listed some of the most common application errors:



- Applicant did not submit the correct Scholarship Program Verification (SPV) form and/or complete the SPV.
- Applicants did not upload their documents in the correct file format. Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.
- The Cost of Attendance is for more than one year or the total is not clearly stated (must only be for one year).
- Information entered into online application does not match information listed on applicable documents uploaded as proof.
- Uploaded documents are missing one or more of the requirements listed.
- The information on the documents is outdated or from a previous application.

# Submitting Your Application

## Application Certification

Please read carefully. Once your application has been submitted, changes cannot be made.

### Application Certification

Read the following agreement carefully and check "I agree" to certify that you understand the requirements of this scholarship program and agree to meet the requirements if awarded.

**Certification**

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Department of Health Care Access and Information (HCAI) to verify any information submitted as part of this application. I understand that the falsification of information contained in my application will disqualify my application. I understand that if falsification is discovered after I have been awarded or if I breach my grant agreement, I will be required to repay all funds awarded, plus interest and administrative fees. I understand that once submitted, my application and supporting documents become the property of HCAI.

I understand that, if awarded the Scholarship, I am agreeing to the below terms:

- Return all correspondence in a timely manner
- Sign a grant agreement. I would be entering into a signed, grant agreement with the Department of Health Care Access and Information (HCAI)
- When requested, submit a Graduation Date Verification Form (GDV) form for each college attended (or high school, if highest education is high school)
- Maintain a GPA of at least 2.0 until graduation
- Be enrolled in a minimum of six (6) semester units, or its equivalent until program completion
- Upon graduation, send a signed and completed (GDV) form certifying program requirements were met
- When requested, submit Progress Reports, signed by my supervisor(s) to verify that I am working and meeting the program requirements
- Find employment at a qualified facility upon graduating. The designation must be on my program application
- For a period of twelve (12) months (upon graduation and once employed at a qualified facility) provide direct patient care (minimum of 32 hours per week)
- Notify HCAI of any changes to my address, email, phone number, and any leave of absence from work, within 30 days
- Not accept any other award with other entities, including other scholarship programs, which require me to fulfill a contract that overlaps with this period.
- Subject to repay funds received, with interest and administrative fees, for damages suffered by HCAI and the State of California as a result of the breach, an amount equal to the number of months obligated to be completed, if I do not comply with the terms of the grant agreement

☐ I Agree

[Previous](#)

☒ I Agree

You are about to submit your application. Please review your application prior to submitting. We cannot accept any corrected documents or revisions after submission.

[Previous](#)

[Submit](#)

# Submission Complete

Congratulations! You have successfully submitted your application. Please be advised that we are currently experiencing a high volume of inquiries, which may lead to a longer than usual response time. Thank you for your patience as we carefully evaluate each application submission.

 **HCAI** California Department of  
Health Care Access and Information

NewsroomPublic MeetingsAbout HCAISubscribeCareers

[Assign Other Users](#)[Sign Out](#) [ZZNadia Leslie](#)

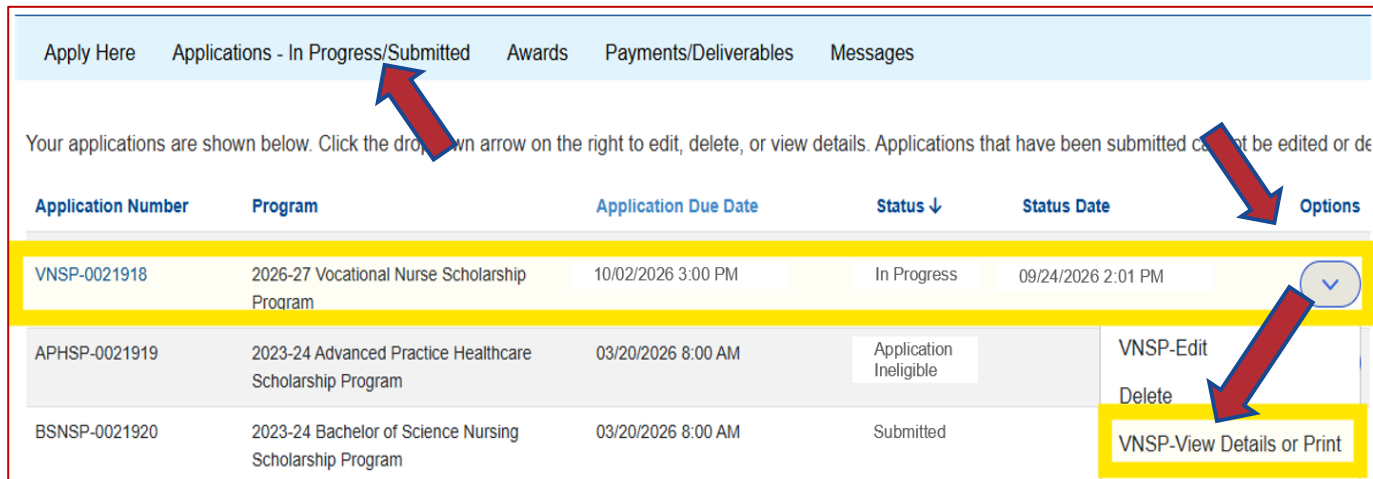
Apply HereApplications - In Progress/SubmittedAwardsPayments/DeliverablesMessages

Application VNSP-0021918 – Vocational Nurse Scholarship Program

Thank you for submitting your application. We will review your application and update your application's status as it moves through the process. Please continue to check the eApp for status updates. Be sure to add VNSP@hcai.ca.gov and no-reply@hcai.ca.gov to your address book or safe sender list so all future emails get to your inbox. Return to your **dashboard**.

# Viewing Your Application Status

Once you submit your application, you can “View Details or Print” your application by selecting the “Options” dropdown on the “Applications - In Progress/SubMITTED” page.



| <a href="#">Apply Here</a>                                                                                                                                                    | <a href="#">Applications - In Progress/SubMITTED</a>     | <a href="#">Awards</a> | <a href="#">Payments/Deliverables</a> | <a href="#">Messages</a>   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|---------------------------------------|----------------------------|
| Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted. |                                                          |                        |                                       |                            |
| Application Number                                                                                                                                                            | Program                                                  | Application Due Date   | Status ↓                              | Status Date                |
| VNSP-0021918                                                                                                                                                                  | 2026-27 Vocational Nurse Scholarship Program             | 10/02/2026 3:00 PM     | In Progress                           | 09/24/2026 2:01 PM         |
| APHSP-0021919                                                                                                                                                                 | 2023-24 Advanced Practice Healthcare Scholarship Program | 03/20/2026 8:00 AM     | Application Ineligible                | VNSP-Edit<br>Delete        |
| BSNSP-0021920                                                                                                                                                                 | 2023-24 Bachelor of Science Nursing Scholarship Program  | 03/20/2026 8:00 AM     | Submitted                             | VNSP-View Details or Print |

- “In Progress” – Applicant is still completing their application, and it has not been submitted.
- “Submitted” – Application was successfully submitted to program staff for review.
- “In Review” – Application and required documents are under review by program staff.
- “Application Ineligible” – Application did not meet requirements for an award (i.e., incomplete documentation, ineligible employer).
- “Awarded” – The applicant's application was selected for an award.
- “Not Awarded” – Application was not selected for an Award.

# Questions?

Please be sure to review your Grant Guide in the program's webpage under “Resources”. Should you still have any unanswered questions, please email your program and be sure to provide details/explanation of your inquiry.

| Program Name (Acronym)                                                                 | Program Grant Guides             | Contact Email                                                      |
|----------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------|
| Associate Degree Nursing Scholarship Program (ADNSP)                                   | <a href="#">ADNSP Guide</a>      | <a href="mailto:ADNSP@HCAI.ca.gov">ADNSP@HCAI.ca.gov</a>           |
| Bachelor of Science Nursing Scholarship Program (BSNSP)                                | <a href="#">BSNSP Guide</a>      | <a href="mailto:BSNSP@HCAI.ca.gov">BSNSP@HCAI.ca.gov</a>           |
| Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program (LVNtoADNSP) | <a href="#">LVNtoADNSP Guide</a> | <a href="mailto:LVNtoADNSP@HCAI.ca.gov">LVNtoADNSP@HCAI.ca.gov</a> |
| Vocational Nurse Scholarship Program (VNSP)                                            | <a href="#">VNSP Guide</a>       | <a href="mailto:VNSP@HCAI.ca.gov">VNSP@HCAI.ca.gov</a>             |