

Healthcare Workforce Development Division (HWDD) Scholarship Programs

Technical Assistance Guide
January 2022

About HWDD Scholarship Programs

- The Department of Health Care Access and Information (HCAI) works to increase and diversify California's healthcare workforce through the Healthcare Workforce Development Division (HWDD) by providing scholarships and loan repayments to health professional students and graduates who provide direct patient care in those communities.
- The purpose of the scholarship programs are to encourage individuals to pursue a health-related career by providing scholarships to individuals who are enrolled or accepted in an eligible health-related program at a qualifying institution.

Application Release Dates

Registration: Open now

Application release: January 3, 2022

Application deadline: February 22, 2022

All applications open and close at 3:00 p.m.

Before You Apply

- Applicants are strongly encouraged to read the program eligibility requirements to verify they are eligible to apply.
- Applicants must agree to the terms and conditions of the program in order to be eligible to receive and award.
- If awarded, HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement, unless both parties are in agreement and the Grant Agreement is amended.

Information to Gather

- Cost of attendance from financial aid office for one year's estimated expenses.
- Certification of Enrollment and all required signatures.
- Most current federal tax return

Awards

- The maximum award amount varies per program.
- HCAI may award full, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria, and the amount of available funds.
- Applicants **will not** be awarded more than their total cost of attendance for one year.

Helpful Resources

- HCAI Funding Portal (eApp) - <https://funding.hcai.ca.gov/>
- The Scholarship Program Grant Guides:

Allied Healthcare Scholarship Program

<https://hcai.ca.gov/loans-scholarships-grants/scholarships/ahsp/>

Advanced Practice Healthcare Scholarship Program

<https://hcai.ca.gov/loans-scholarships-grants/scholarships/aphsp/>

Associate Degree Nursing Scholarship Program

<https://hcai.ca.gov/loans-scholarships-grants/scholarships/adnsp/>

Bachelor of Science Nursing Scholarship Program

<https://hcai.ca.gov/loans-scholarships-grants/scholarships/bsnsp/>

Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

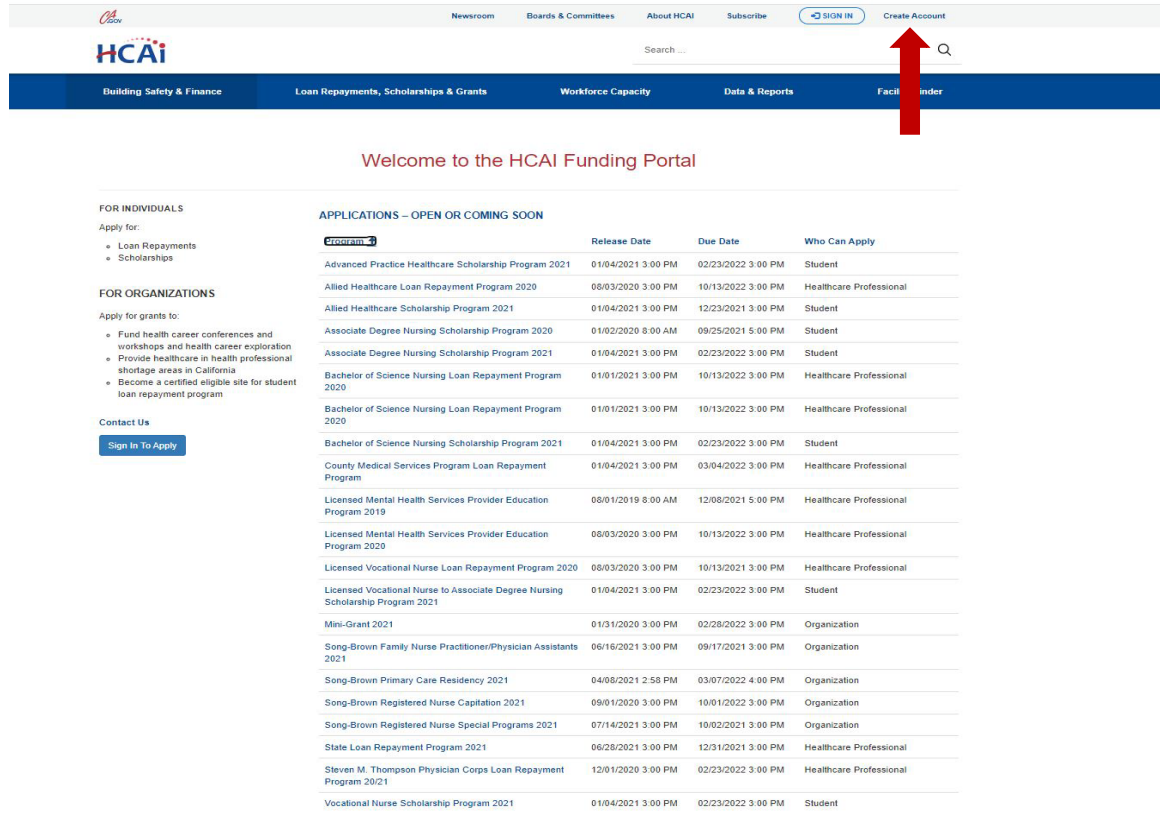
<https://hcai.ca.gov/loans-scholarships-grants/scholarships/lvnadnsp/>

Vocational Nurse Scholarship Program

<https://hcai.ca.gov/loans-scholarships-grants/scholarships/vnsp/>

Registering for eApp

Creating an Account



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Welcome to the HCAI Funding Portal

FOR INDIVIDUALS
Apply for:
• Loan Repayments
• Scholarships

FOR ORGANIZATIONS
Apply for grants to:
• Fund health career conferences and workshops and health career exploration
• Provide healthcare in health professional shortage areas in California
• Become a certified eligible site for student loan repayment program

Contact Us
[Sign In To Apply](#)

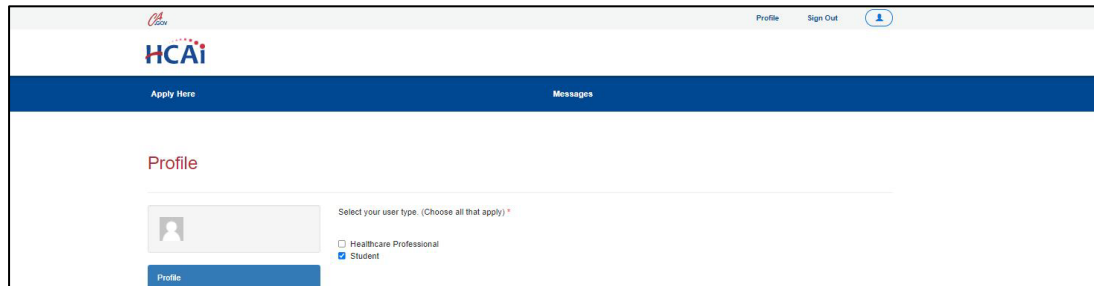
APPLICATIONS – OPEN OR COMING SOON

Program	Release Date	Due Date	Who Can Apply
Advanced Practice Healthcare Scholarship Program 2021	01/04/2021 3:00 PM	02/23/2022 3:00 PM	Student
Allied Healthcare Loan Repayment Program 2020	08/03/2020 3:00 PM	10/13/2022 3:00 PM	Healthcare Professional
Allied Healthcare Scholarship Program 2021	01/04/2021 3:00 PM	12/23/2021 3:00 PM	Student
Associate Degree Nursing Scholarship Program 2020	01/02/2020 8:00 AM	09/25/2021 5:00 PM	Student
Associate Degree Nursing Scholarship Program 2021	01/04/2021 3:00 PM	02/23/2022 3:00 PM	Student
Bachelor of Science Nursing Loan Repayment Program 2020	01/01/2021 3:00 PM	10/13/2022 3:00 PM	Healthcare Professional
Bachelor of Science Nursing Loan Repayment Program 2020	01/01/2021 3:00 PM	10/13/2022 3:00 PM	Healthcare Professional
Bachelor of Science Nursing Scholarship Program 2021	01/04/2021 3:00 PM	02/23/2022 3:00 PM	Student
County Medical Services Program Loan Repayment Program	01/04/2021 3:00 PM	03/04/2022 3:00 PM	Healthcare Professional
Licensed Mental Health Services Provider Education Program 2019	08/01/2019 8:00 AM	12/08/2021 5:00 PM	Healthcare Professional
Licensed Mental Health Services Provider Education Program 2020	08/03/2020 3:00 PM	10/13/2022 3:00 PM	Healthcare Professional
Licensed Vocational Nurse Loan Repayment Program 2020	08/03/2020 3:00 PM	10/13/2021 3:00 PM	Healthcare Professional
Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program 2021	01/04/2021 3:00 PM	02/23/2022 3:00 PM	Student
Mini-Grant 2021	01/31/2020 3:00 PM	02/28/2022 3:00 PM	Organization
Song-Brown Family Nurse Practitioner/Physician Assistants 2021	06/16/2021 3:00 PM	09/17/2021 3:00 PM	Organization
Song-Brown Primary Care Residency 2021	04/06/2021 2:58 PM	03/07/2022 4:00 PM	Organization
Song-Brown Registered Nurse Capitation 2021	09/01/2020 3:00 PM	10/01/2022 3:00 PM	Organization
Song-Brown Registered Nurse Special Programs 2021	07/14/2021 3:00 PM	10/02/2021 3:00 PM	Organization
State Loan Repayment Program 2021	06/28/2021 3:00 PM	12/31/2021 3:00 PM	Healthcare Professional
Steven M. Thompson Physician Corps Loan Repayment Program 2021	12/01/2020 3:00 PM	02/23/2022 3:00 PM	Healthcare Professional
Vocational Nurse Scholarship Program 2021	01/04/2021 3:00 PM	02/23/2022 3:00 PM	Student

If you are a new applicant, register now – do not wait.

Note: For the best experience, use Chrome or Microsoft Edge. Internet Explorer is no longer supported.

Setting up Your Profile



The screenshot shows the HCAi user profile setup interface. At the top, there is a navigation bar with the HCAi logo on the left and links for 'Profile', 'Sign Out', and a user icon on the right. Below the navigation bar, there are two buttons: 'Apply Here' and 'Messages'. The main content area is titled 'Profile' and contains a profile picture placeholder, a label 'Select your user type. (Choose all that apply) *', and two checkboxes: 'Healthcare Professional' (unchecked) and 'Student' (checked). A 'Profile' button is located at the bottom left of the form area.

1. Check the “Student” box to gain access to the Scholarship Program applications (do not check the “Healthcare professional” box).

Completing Your Profile

The screenshot shows a web form for completing a user profile. On the left is a navigation menu with options: Profile, Organizations, Profile, Assign Other Users, My Security Settings, Change Password, and Change Email. The main form area contains the following fields:

- Prefix: dropdown menu
- First Name *: text input
- Middle Initial: text input
- Last Name *: text input
- Suffix: dropdown menu
- Title: text input
- Date of Birth *: MM/DD/YYYY format
- Driver License or ID#: text input
- Race/Ethnicity *: dropdown menu
- Gender *: dropdown menu

Below these fields is a section for the address:

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

+ Select Address button

Street Address *: text input

Suite/Apt/Dept: text input

City *: text input

State: dropdown menu

Zip Code *: text input

County: dropdown menu

Phone 1 *: Provide a telephone number

Phone 2: Provide a telephone number

Email *: mrandersandrich@gmail.com

Receive email announcements for new grant or scholarship opportunities

Submit button

1. Enter all required fields (required fields will be indicated with a “*” next to the field.)
2. To enter your residential address, click the “+ Select Address” button.
3. A new window will open and allow you to enter and search for your address.
4. Click the confirmed address and it will auto-populate the address fields on the page.
5. Once all fields have been completed, click the “Submit” button at the bottom of the page.

Apply Here

CA.GOV Profile Sign Out MICHAEL ZANDRUICH

HCAi

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

Open applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your Profile.

Program	Release Date	Due Date	Who Can Apply
County Medical Services Program Loan Repayment Program	12/07/2021 3:00 PM	02/07/2022 3:00 PM	Healthcare Professional
Steven M. Thompson Physician Corps Loan Repayment Program 21/22	09/01/2021 3:00 PM	12/31/2021 3:00 PM	Healthcare Professional

Services

- Submit Data
- Loan Repayment Programs
- Scholarships
- Grants
- Penalty Appeals

Data Submissions

- Patient-Level Administrative Data
- Health Facility Utilizations
- Hospital & LTC Financials
- Coronary Artery Bypass Graft Surgeries
- Healthcare Financial Assistance Policies
- Hospital Chargemasters

CA Healthcare Infrastructure

- All Facilities
- Healthcare Facility Detail
- Seismic Compliance and Safety
- Hospital Community Benefit Plans
- California Primary Care Office

Public Transparency

- Public Meetings
- Public Records
- Payment to Agency Reports

About HCAi

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1. Navigate to the “Apply Here” page on the main menu.
2. Select the applicable scholarship program link listed under “Program”.

Helpful Tips

Useful Information

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page to navigate from one section to the next in the application.



Saving your 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.

The screenshot shows the HCAi application dashboard. At the top, there is a navigation bar with the HCAi logo and user information: Profile, Sign Out, and MICHAEL ANDRUCH. Below this is a dark blue navigation menu with tabs: Apply Here, Applications - In Progress/Submitted, Awards, Payments/Deliverables, and Messages. The main content area displays a table of applications with the following columns: Application Number, Program, Application Due Date, Status, and Status Date. A note above the table states: "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." The table contains the following data:

Application Number	Program	Application Due Date	Status	Status Date
VNISP-1013011	Vocational Nurse Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
STLRP-1013007	Steven M. Thompson Physician Corps Loan Repayment Program 20/21	02/23/2022 3:00 PM	Awarded	
LMH-1011513	Licensed Mental Health Services Provider Education Program 2020	10/13/2022 3:00 PM	Awarded	
BSNSP-1013008	Bachelor of Science Nursing Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
APHSP-1013012	Advanced Practice Healthcare Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
AHSP-1013010	Allied Healthcare Scholarship Program 2021	12/23/2021 3:00 PM	Awarded	03/23/2021 9:29 AM
STLRP-1006596	Steven M. Thompson Physician Corps Loan Repayment Program 19/20	02/23/2021 3:00 PM	In Progress	

Useful Information (continued)

Asterisks

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

Do you owe an existing service obligation?*

No Yes

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.

Email Address. Go to your User Profile to change this field.

Email Address ⓘ

mzandrijich@yahoo.com

Starting the Application

General Information

The screenshot shows the HCAi application portal. At the top, there is a navigation bar with the HCAi logo and user information (Profile, Sign Out, MICHAEL ANDRJIUCH). Below the navigation bar, there are tabs for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. A red arrow points to the 'Application – Bachelor of Science Nursing Scholarship Program' link. Below this, the 'General Information' section is highlighted with a red box. The form contains the following fields:

Applicant Name	Email Address
Michael Andrjich	mandrjich@gmail.com
Date of Birth	Driver License or ID#
12/28/1988	D7771452
Race/Ethnicity	Gender
Caucasian/White/European	Male

Below the form, there are several yes/no questions:

- Do you have a recent GPA of 2.0 or higher? No Yes
- Is your expected graduation date prior to June 30th of this year? No Yes
- Are you a prior awardee of the Foundation? No Yes
- Are you the first member of your family to attend college? No Yes
- Are you a military veteran with an honorable discharge? No Yes
- Do you have an Associate of Nursing degree? No Yes
- Are you currently licensed or registered with a California Board/Committee? No Yes

1. The name of the program in which you are applying for will be indicated at the top in “Red”.
2. Your information pre-populates with information you entered in your “Profile” page.
3. This information is not editable in the application. To edit this information, go to your profile to change it.

General Information (continued)

Application – Bachelor of Science Nursing Scholarship Program

General Information

Applicant Name Email Address

Date of Birth Driver License or ID#

Race/Ethnicity Gender

Do you have a recent GPA of 2.0 or higher? *

No Yes

Is your expected graduation date prior to June 30th of this year? *

No Yes

Are you a prior awardee of the Foundation? *

No Yes

Are you the first member of your family to attend college? *

No Yes

Are you a military veteran with an honorable discharge? *

No Yes

Do you have an Associate of Nursing degree? *

No Yes

Are you currently licensed or registered with a California Board/Committee? *

No Yes

4. Complete all required questions indicated by a “*”.
Note: If you select “Yes” to “Is your expected graduation date prior to June 30th of this year?”, you will not be eligible to continue with the scholarship application. However, you may be eligible for a loan repayment program.
5. Once all fields have been completed, click the “Save & Next” button at the bottom of the page.

Certification of Enrollment

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

10%

Certification of Enrollment

Program you have enrolled in or have been accepted to: *

Associate Degree Nursing Program

School Name *

Type of School *

California College, University or Technical school

Online school with a physical location in CA or affiliation with a CA college or University

Online with Accreditation

Are you currently enrolled? *

No Yes

1. Select the program you are enrolled in or accepted to from the drop-down menu.
2. Enter the name of your school.
3. Select the type of school you are enrolled in or accepted to.
4. Indicate if you are currently enrolled.

Languages

HCAi

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

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

20%

Languages

If you speak a language other than English, click on the Add a Language button and select how you use the language.

Languages

Add a Language

Language	Ability to understand and respond effectively	Use in a work setting
There are no records to display.		

Language Ability to understand and respond effectively Use in a work setting

Spanish Yes Yes

Edit Delete

Previous Save & Next

1. Enter any languages other than English that you have the ability to understand and respond effectively to as well as if you use it in the work setting.
2. Edit or delete languages entered by selecting the “Options” dropdown list for that line.
3. Once completed, click the “Save & Next” button at the bottom of the page.

Languages: Add Language(s)

The screenshot shows the HCAi application interface. At the top, there is a navigation bar with the HCAi logo and several menu items: 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. Below the navigation bar, the main content area displays the application title: 'Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program'. A progress bar indicates 20% completion. The 'Languages' section is highlighted, with a sub-header 'Languages' and a note: 'If you speak a language other than English, click on the Add a Language button and select how you use the language.' Below this, there is a table with columns for 'Language', 'Ability to understand and respond effectively', and 'Use in a work setting'. The table is currently empty, with a message 'There are no records to display.' at the bottom. A red arrow points from the 'Add a Language' button in the main interface to the 'Create' pop-up window. The 'Create' window has a title bar with a close button and contains a 'Language' dropdown menu, two checked checkboxes for 'Ability to understand and respond effectively' and 'Use in a work setting', and a 'Save' button at the bottom.

1. Click the “Add a Language” button to enter languages.
2. A pop-up window displays.
3. Complete all applicable fields.
4. Once completed, click the “Save” button at the bottom.

Employment History

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

30%

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 Histories

Add an Employer

Employer Name	I currently work here ↓	Start Date ↓	End Date	Employment Status Full	
Hope Clinic	Yes	04/12/2021		Full-time	

There are no records to display.

Previous Save & Next

1. Enter any health-related work experience that you may have, beginning with your most recent employer.

Note: If you do not have any health-related work experience, you do not need to enter any other work experience.

2. Edit or delete employment entered by selecting the “Options” dropdown list for that line.

3. Once completed, click the “Save & Next” button at the bottom of the page.

Employment History: Add an Employer

The screenshot displays the HCAi web application interface. At the top, there is a navigation bar with the HCAi logo and links for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. Below this, the main content area shows the title 'Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program' and a progress bar at 30%. The 'Employment History' section is active, with instructions to 'Enter health-related work experience beginning with your most recent employer. Use the Add An Employer button to enter each separate employer.' Below the instructions is a table with columns for 'Employer Name', 'I currently work here', 'Start Date', 'End Date', and 'Employment Status Full'. A yellow message box states 'There are no records to display.' At the bottom of the table area are 'Previous' and 'Save & Next' buttons. A red arrow points from the 'Add an Employer' button in the main interface to a 'Create' pop-up window. The 'Create' window contains the following fields: 'Employer Name' (text input), 'Start Date' (calendar icon), 'I currently work here' (radio buttons for 'No' and 'Yes'), 'Description of Outlet' (text area), 'Job Title' (text input), and 'Employment Status' (radio buttons for 'Fulltime', 'Parttime', 'Per Diem', and 'Volunteer').

1. Click the “Add an Employer” button to enter an employer.
2. A pop-up window displays.
3. Complete all required fields.
4. Once completed, click the “Save” button at the bottom.

Personal Statements

The screenshot shows the HCAi application portal interface. At the top, there is a navigation bar with the HCAi logo and user information (Profile, Sign Out, MICHAEL ANDRUSCH). Below this is a secondary navigation bar with links for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. The main content area displays the application title 'Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program' and a progress bar indicating 0% completion. The section is titled 'Personal Statements - Part 1 of 4' and includes instructions: 'Use the spaces provided to answer the following questions in complete detail, being as descriptive and as specific as possible. Personal statements that lack detail may not receive full points.' Two questions are listed: '1. Describe how your family background, education, training, and life experiences have influenced your decision to pursue a health professional career.' and '2. Describe how your family background, education, training, and life experiences have influenced your commitment to working in a medically underserved area.' Each question has a text input field with a 'Maximum limit of 750 characters' label and a green 'G' icon. At the bottom, there are 'Previous' and 'Save & Next' buttons.

1. For the next four pages, applicants will have to answer personal statement questions. All questions are intended to provide context to your experience and skills with working and understanding underserved communities.
2. Each response has a maximum character limit of 750 characters. Spaces do count towards the character limit.
3. Once completed, click the “Save & Next” button at the bottom of the page.

Tax Returns

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

50%

Tax Returns

Instructions:
Please provide information from last two years of federal tax returns. If you did not file a federal tax return and are listed as a dependent on someone else's tax returns, you must provide your parent or guardian's information.

I did not file a federal tax return in either of the last two years.
 I only filed one federal tax return.

Tax Information*

[Add Tax Information](#)

Tax Year ↑	Federal AGI	Dependent	Household Size	
2020	20,000.00	Yes	1	<input type="checkbox"/> Edit <input type="checkbox"/> Delete

There are no records to display.

Important Note: Final offer of an award may be contingent on program verification of the tax information provided. If you are asked to verify the information, you will be required to provide copies of actual tax returns from which this information was obtained. You will be notified by email and must respond by submitting the returns as instructed or you will be declared ineligible to receive the award. Please remember to check your email.

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

1. Enter information from your last two years of federal tax returns.
Note: If you did not file a federal tax return in either of the last two years or only filed one, an explanation will need to be provided in the text box that auto-populates after selecting an option.
2. Edit or delete tax information entered by selecting the “Options” dropdown list for that line.
3. Once completed, click the “Save & Next” button at the bottom of the page.

Tax Returns: Add Tax Information

The screenshot shows the HCAi application portal for a user named Michael Andriuch. The main page displays the application title "Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program" and a progress bar at 60%. Under the "Tax Returns" section, there are instructions and a form with an "Add Tax Information" button. A red arrow points from this button to a pop-up "Create" form. The pop-up form contains fields for "Tax Year", "I am a dependent on someone else's (parents, guardian, etc.) tax return" (with radio buttons for "No" and "Yes"), "Household Size", "Adjusted Gross Income (AGI) on Return", and "State Tax Return Filed in". A "Save" button is at the bottom of the pop-up.

1. Click the “Add Tax Information” button to enter your tax information for the past two years.
Note: Each year will need to be entered separately.
2. A pop-up window displays.
3. Complete all required fields.
4. Once completed, click the “Save” button at the bottom.

Required Documents

Before Attaching Documents:

Cost of Attendance

Upload a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

Cost of Attendance Upload 0 files uploaded, 1 file required.

After Attaching Documents:

Cost of Attendance

Upload a cost of attendance that reflects the costs associated for only one year. The document must be obtained by your school. Screenshots will not be accepted.

Cost of Attendance Upload ✓ 1 file uploaded, 1 file required.

- The red button on this page indicates required documents.
- For example, click on “Cost of Attendance Upload” button to upload the required documentation.
- Once you upload all the required documents, the buttons turn green signifying that you may continue.
- Click “Save & Next” at the bottom of the page.

Application Certification

The screenshot shows the HCAi user interface. At the top, there is a navigation bar with the HCAi logo, a user profile for 'MICHAEL ANDRUICH', and a 'Sign Out' button. Below this is a secondary navigation bar with links for 'Apply Here', 'Applications - In Progress/Submitted', 'Awards', 'Payments/Deliverables', and 'Messages'. The main content area displays the title 'Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program' and a progress bar at 100%. The section is titled 'Application Certification' and contains a detailed certification statement and a list of terms. At the bottom, there is an 'I Agree' checkbox and a 'Previous' button.

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program

100%

Application Certification

Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize the Health Professions Education Foundation (HPEF) to verify any information submitted as part of this application. I understand that falsification of information contained in my application will disqualify my application and that my licensing board will be notified. 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 property of HPEF. I also understand that my personal statements become the property of HPEF and may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

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 California Department of Health Care Access and Information (HCAi)
- When requested, submit a Certification of Enrollment (COE) form for each college attended (or high school, if highest education achieved)
- Maintain a GPA of at least 2.0 until graduation
- Be enrolled in a minimum of six (6) units, or its equivalent until program completion
- Upon graduation, send a signed and completed COE 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
- Become licensed by the Board specific to this award
- Find employment at a qualified facility. Designation must be specific to program application
- For a period of twelve (12) months (upon graduation and once employed at a qualified facility) work full time (minimum of 32 hours per week) in the position for which I am licensed
- Provide direct patient/client care (minimum of 32 hours per week)
- Notify HCAi of any changes to my address, email, phone number, employment, and any leave of absence from work, within 7 days
- Not accept any other awards from HPEF, State Loan Repayment Program, National Health Services Corps or other entities, which require me to fulfill a contract that overlaps with this period.
- Subject to repay funds received, with interest, if I do not comply with the terms of the grant agreement

I Agree *

[Previous](#)

1. Read each statement carefully.
2. Agree and certify to the statements by checking the “I Agree” box at the bottom.
3. Click the “Save & Next” button at the bottom once you certify.

Submission Complete

Application LVNtoADNSP-0001075 – Licensed Vocational Nurse to Associate Degree Nursing
Scholarship Program

Thank you for submitting your application. We have received it and it will be reviewed. Return to your dashboard.

1. Once your application is submitted, you will see the message in green below.
2. You may navigate to your eApp dashboard by following the dashboard link in the message.

View and Print Application

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-1013011	Vocational Nurse Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
STLRP-1013007	Steven M. Thompson Physician Corps Loan Repayment Program 2021	02/23/2022 3:00 PM	Awarded	
LMH-1011513	Licensed Mental Health Services Provider Education Program 2020	10/13/2022 3:00 PM	Awarded	
BSNSP-1013008	Bachelor of Science Nursing Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
APHSP-1013012	Advanced Practice Healthcare Scholarship Program 2021	02/23/2022 3:00 PM	Awarded	
AHSP-1013010	Allied Healthcare Scholarship Program 2021	12/23/2021 3:00 PM	Awarded	03/23/2021 9:29 AM
STLRP-1006596	Steven M. Thompson Physician Corps Loan Repayment Program 19/20	02/23/2021 3:00 PM	In Progress	
LVRNoADNSP-0001075	Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program 2021	02/23/2022 3:00 PM	Submitted	12/15/2021 2:31 PM

1. Under “Applications – In Progress/Submitted” tab, select the “Options” arrow dropdown to view or print your application.

Common Application Errors

- Required documentation is not filled out accurately or completely.
- Required documentation not uploaded or a non-program document is being used in place of the required program document.
- Required documents are not in a viewable format.
- Required documentation is not signed with either a wet signature or electronic signature.
- Applicant is not enrolled in the minimum number of units.
- Cost of Attendance is not an official document and/or it does not show one year's costs.

Questions?

- Email us at hpef-email@hcai.ca.gov.
- Email subject line must include the application number and program name.