



Chinese American Nurses Association
 美國華裔註冊護士協會
 P.O. Box 527652
 Flushing, NY 11352
cananursing1997@gmail.com
www.cana-usa.org

CANA Scholarship Application Form

Deadline to Apply: July 15, 2026

To apply for the CANA Scholarship, please submit a completed application form and all supporting documents via email to the attention of the Director of the Scholarship Committee at cananursing1997@gmail.com.

<u>GENERAL INFORMATION</u>				
<u>Name (Last)</u>	<u>(First)</u>	<u>(Middle)</u>	<u>Birthdate</u>	<u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/>
<u>Address (Street, City, State, Zip code):</u>				<input type="checkbox"/> Female <input type="checkbox"/> Other, _____ <input type="checkbox"/> Prefer not to say
<u>Email Address:</u>				
<u>Telephone:</u>				
<u>Student ID Number:</u>			<u>CANA Member:</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	

<u>ACADEMIC INFORMATION</u>
<u>Nursing School Name:</u> _____
<i>Please mark your Nursing Program:</i>
Bachelor Nursing Program <input type="checkbox"/>
Accelerated Bachelor Nursing Program <input type="checkbox"/>
Master Nursing Program <input type="checkbox"/>
Doctorial or Ph.D. Nursing Program <input type="checkbox"/>
<u>What is your anticipated date of graduation from the College of Nursing?</u> _____
<u>What is your current GPA?</u> _____
<u>How many credits have you completed toward your degree to date?</u> _____
<u>How many credits will you carry during the fall and spring semesters?</u> Fall _____ Spring _____

I ACKNOWLEDGE THAT THE ABOVE INFORMATION ON THIS SCHOLARSHIP APPLICATION IS CORRECT, AND ANY DISCREPANCIES WILL CAUSE DISQUALIFICATION FROM THE SCHOLARSHIP PROGRAM.



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Signature of Student: _____

Date: _____