



Chinese American Nurses Association  
美國華裔註冊護士協會  
P.O. Box 527652  
Flushing, NY 11352  
[cananursing1997@gmail.com](mailto:cananursing1997@gmail.com)  
[www.cana-usa.org](http://www.cana-usa.org)

## **CANA Scholarship Application Form**

***Deadline to Apply: September 1, 2024***

***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](mailto:cananursing1997@gmail.com).***

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

<b><u>ACADEMIC INFORMATION</u></b>
<b>Nursing School Name:</b> _____ <b>Please mark your Nursing Program:</b> 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"/>
<b>What is your anticipated date of graduation from the College of Nursing?</b> _____
<b>What is your current GPA?</b> _____
<b>How many credits have you completed toward your degree to date?</b> _____
<b>How many credits will you carry during the fall and spring semesters?</b> Fall _____ Spring _____

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

**Signature of Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_