**CANA Scholarship Application Form**

***Deadline to Apply: July 15, 2025***

***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.***

| **GENERAL INFORMATION** |
| --- |
| **Name (Last)** | **(First)** | **(Middle)** | **Birthdate**  | **Gender:** **Male****Female****Other,** \_\_\_\_\_\_\_\_\_\_\_**Prefer not to say** |
| **Address (Street, City, State, Zip code):** |
| **Email Address:** |
| **Telephone:**  |
| **Student ID Number:**  |  **CANA Member:**  **YES**  **NO** |

| **ACADEMIC INFORMATION** |
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| **Nursing School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*****Please mark your Nursing Program:*** **Bachelor Nursing Program** **Accelerated Bachelor Nursing Program** **Master Nursing Program** **Doctorial or Ph.D. Nursing Program**  |
| **What is your anticipated date of graduation from the College of Nursing? \_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is your current GPA?** \_\_\_\_\_\_\_ |
| **How many credits have you completed toward your degree to date?** \_\_\_\_\_\_\_\_\_\_\_ |
| **How many credits will you carry during the fall and spring semesters?** **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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_