



Haitian American Nurses Association of Florida, Inc. (HANA)  
P.O. Box 695069  
Miami, Florida 33269  
[www.hanaofflorida.org](http://www.hanaofflorida.org)

**SCHOLARSHIP APPLICATION 2026**

**Directions: Please print or type the following information**

Date: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Personal Data:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Haitian decent: \_\_\_\_\_ Resident \_\_\_\_\_ U.S. Citizen \_\_\_\_\_

What language (s) do you speak?  
\_\_\_\_\_

What nursing degree are you pursuing? LPN: \_\_\_\_\_ ADN: \_\_\_\_\_ BSN: \_\_\_\_\_ I have  
Completed at least one semester of core nursing courses: \_\_\_\_\_ Yes \_\_\_\_\_ No

What term/Semester are you currently in? \_\_\_\_\_ Current GPA: \_\_\_\_\_ (Minimum 3.0)

**Professional Organization(s) to which you belong, including student associations:**  
\_\_\_\_\_

**Attestation: I declare that the above statements are true and accurate to the best of my knowledge.**

**Student's Signature:** \_\_\_\_\_

Please complete the information above and return it by uploading it to the HANA Education Committee at [info@hanaofflorida.org](mailto:info@hanaofflorida.org).

**DO NOT WRITE IN THIS AREA. FOR HANA USE ONLY.**

Date application was received: \_\_\_\_\_