



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

SCHOLARSHIP APPLICATION 2025

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.

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

Date application was received: _____