

**THE CARIBBEAN NURSES ASSOCIATION
OF THE TREASURE COAST, INC.
P.O. Box 8531
Port Saint Lucie, Florida 34985**

SCHOLARSHIP APPLICATION

NAME: _____
ADDRESS: _____

TELEPHONE NUMBER: _____ **Home**
_____ **Cell**

DOB: _____ **GENDER:** M ___ F ___

NAME OF INSTITUTION: _____

PROGRAM: RN ___ LPN ___
PROJECTED GRADUATION DATE (mm/yyyy) _____
GPA: _____ (Provide unofficial transcript)

Provide at least 3 letters of recommendation (instructor, minister, employer, no relatives)

Provide statement describing financial need (2-3 paragraphs).

***** Please send all required information to the address listed above. *****
Application deadline March 1st.

Annual Scholarship to Nursing Students Criteria

- ✓ Completion of 6 months- 1 year in a nursing program
- ✓ Maintenance of academic excellence (B or above)
- ✓ Demonstration of sensitivity to patients needs
- ✓ Evidence of financial need
- ✓ Satisfaction of one of the following
 - Caribbean National on a Student's visa
 - Caribbean born living in the USA
 - US citizen of Caribbean parents