

Bronx-Manhattan-Westchester Chapter, Caribbean American Nurses Association Inc.,

P. O. Box 379, Williamsbridge Station, Bronx, New York 10467-0379

VERNESE WEEKES SCHOLARSHIP/GRANT APPLICATION

Criteria: Caribbean-American descent, GPA of 3.0, enrollment in a program accredited by the Accreditation Commission for Education in Nursing, Inc. (ACEN), Involvement in Community affairs.

NAME (Please print clearly):				
MAILING ADDRESS:		•		
Street	City	State	Zip Code	
TELEPHONE NO.:	_Cell:	e-mail:		
How did you hear about this scholarship?	CANA member	Friend	School	_Other
How are you related to the Caribbean? By birth	Parents/Grandparents	_ Caribbean island/Co	ountry:	
EDUCATION	Please include latest official	transcript		
		-		

COLLEGE/LOCATION	Dates of Attendance	Degree	Major	Expected Graduation
				Date

Nursing School must be accredited by ACEN ***Cumulative Grade Point Average (GPA) for nursing courses must be >3.0***

Scholastic Honors (Honor Societies, Scholarships, Dean's list, etc.)

	 Date:
	Date:
	Date:
COMMUNITY SERVICE:	•
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Revised 2015

Application continues on the back of this form

CURRENT EMPLOYER:

EMPLOYER'S ADDRESS: _____

By signing this application, I authorize the Bronx/Manhattan/Westchester Chapter of the Caribbean American Nurses Association, Inc. to verify the information herein provided. I also agree to hold this organization, Bronx/Manhattan/Westchester Chapter of the Caribbean American Nurses Association, Inc. harmless for any claims of liability resulting from these investigations. My signature indicates my awareness that false statements violate the integrity of this award, and I may be disqualified from any consideration for this scholarship if I do not meet the criteria.

APPLICANT'S SIGNATURE:	DATE:
DO NOT WRITE BELOW THIS LINE	
**********	***************************************
FOR OFFICIAL USE ONLY	
Reviewed by:	Date:
Reviewed by:	Date:
Reviewed by:	Date:

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Application continues on the back of this form

REFERENCES: (Two academic & one character/personal)

Applicant must submit two academic references: One must come from the Dean/Chairperson of the applicant's school of nursing indicating expected graduation date, and verification of good academic standing; and a character reference from a person who is not a relative.

ACADEMIC REFERENCES:

1. NAME:	TITLE:
SCHOOL:	Telephone/Cell:
Email address:	
2. NAME:	TITLE:
SCHOOL:	Telephone/Cell:
Email address:	
SONAL REFERENCE: (No Relatives, please)	
NAME:	RELATIONSHIP:
ADDRESS:	PHONE/CELL:
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Revised 2015