



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/Country: _____

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:

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: _____
