

CNA Scholarship

Presented by UAS Ketchikan

To be considered for this scholarship, the recipient must:

1. Be enrolled in the Certified Nurse Aide training course, HS 105, during the semester in which the award is given.
2. Demonstrate financial need and motivation which are important factors in the awarding of this scholarship.

Deadline for Application is Friday, January 3, 2025

University of Alaska Southeast - Ketchikan
Attn: Student Services
2600 Seventh Ave.
Ketchikan, AK 99901-5798

CNA Scholarship Presented by UAS Ketchikan

Semester Attending	<input type="checkbox"/> 2025 Spring
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I. PERSONAL DATA

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
City State Zip

Telephone: (cell) _____ (work) _____ Student ID: _____

Birth Date: _____ Marital Status: _____ Do you live with relatives? Yes No

Number of Dependents: _____ Age(s): _____

Employer and your position with company: _____
 Not Working

II. EDUCATION AND OTHER EXPERIENCE

List schools attended and any in which you are currently enrolled:

School	Location	Dates Attended	Field of study	Graduation Date/Degree

Summarize work experience to date:

Note community interests; activities, offices held, etc.:

III. VOCATIONAL PLAN

What is your employment goal?

Why do you want to be a certified nurse aide?

IV. FINANCES

Financial need is an important consideration in making this award. Please describe why you are requesting financial assistance. Please note any sources of income or funding that you plan to use to pay for the course. If you have any special or extenuating circumstances that impact school financing please indicate.

V. REFERENCES

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

VI. AGREEMENT

I certify that the information I have provided on this application is true and correct to the best of my knowledge. I authorize the Office of the Registrar to release my academic information and the Office of Financial Aid to release my financial information to the Scholarship Committee and other third parties for the purposes of scholarship consideration. I give permission to the University of Alaska to release information about me and the name and amount of the scholarship, if I am awarded a scholarship, based on this application.

Signature: _____

Date: _____

COMPLETED APPLICATION MUST BE RECEIVED BY FRIDAY, JANUARY 3, 2025

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