

OHANA HEALTH PLAN
‘OHANA HELPS
SCHOLARSHIP FOR IN-HOME CNA CANDIDATES

Administered by The Caregiver Foundation
CNA SCHOLARSHIP APPLICATION

Your Name _____
Your Address _____
Your City _____ Your State _____
Your ZIP Code _____ Your Phone _____
Your email address _____

Prior Education High School Diploma
 GED

 Associates in _____
 Bachelor's in _____
 Masters in _____
 Other _____

Name and address of last school and date attended _____

Have you had experience in caregiving or assisting patients with physical disability needs? Yes No

Summarize your experience. _____

Are you qualified for employment in the USA? Yes No

Are you currently employed? Yes No

(if employed) Job Duties? _____

Employer name, address, telephone. _____

Are you able to converse fluently in English? Yes No

Which of these other languages are you able to speak fluently?

- Japanese
- Mandarin
- Cantonese
- Laotian
- Vietnamese
- Ilocano
- Visyan
- Tagalog
- French
- Spanish
- German
- Chukese

If selected for a Scholarship will you

- a. comitt to seeking emplyment as a CNA within the home care community (not care facility) for a minimum of 2 years? Yes No
- b. allow the use of your name and image (photograph and/or video) in news releases and other forms of publicity? Yes No
- c. participate in follow up surveys and possible interviews? Yes No

Through submission of this application I certify that all information provided is true and accurate to the best of my knowledge. I grant permission to The Caregiver Foundation and/or Ohana Health Plan (Wellcare) to review my transcripts, contact my employer and references, conduct a criminal background check and use the my name and image (photographic or otherwise) in promotion of this Scholarship program and other related programs and promotions. I agree that the application and all related materials become the property of The Caregiver Foundation upon submission. If awareded a scholarship, I release to The Caregiver Foundation and Ohana Health Plan (Wellcare), the right to use my name and photogrpah for publications, reports, and news releases in print, film, digital and other formats. I agree that, if I am selected to receive a scholarship, I will endeavor to pass the training class and sit for the certification exam and, that upon successful completion of those requirements, I will actively seek employment as a Certified Nurses Aid within the individual home caregiving communities of Hawai'i (not professional home care or facility care) for a period of not less than two (2) years.

Signed this _____ of _____, _____

By _____