THE CAREGIVER FOUNDATION

CNA SCHOLARSHIP APPLICATION

Please type or print clearly. Complete every section; use an additional page if needed.

1. APPLICANT INFORMATION

Full legal name

Street address

City | State | ZIP code

Phone | Email address

2. EDUCATION

Highest level completed (check one)

- ☐ High school diploma
- ☐ GED or equivalent
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Other

Degree/field or other details

Most recent school attended | Last date attended

3. EMPLOYMENT ELIGIBILITY AND CURRENT EMPLOYMENT

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Employer name | Employer phone

Employer address

Current job title and duties

4. CNA TRAINING PROGRAM INFORMATION

Provide information for the CNA training program you plan to attend or are currently attending.

CNA program/school name

Program street address

City | State | ZIP code

Program contact person | Program phone

Program email address | Expected start date

Expected completion date | Estimated tuition/cost

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5. CAREGIVING AND SERVICE EXPERIENCE

Have you provided caregiving or assistance to a person with a disability or health-related needs?

☐ Yes ☐ No

Briefly describe your experience, responsibilities, and what you learned.

6. LANGUAGES

Can you converse fluently in English? ☐ Yes ☐ No

List any other languages you speak fluently:

7. APPLICANT COMMITMENTS

If selected, will you make a good-faith effort to complete the CNA training program and sit for the certification exam? ☐ Yes ☐ No

After certification, will you actively seek CNA work serving individuals in Hawai■i's home-care community for at least two years? ☐ Yes ☐ No

Will you participate in reasonable scholarship follow-up surveys or interviews? ☐ Yes ☐ No

8. COMMUNITY IMPACT STATEMENT

In 250 words or fewer, explain how you will use your CNA designation, skills, and experience to make your community a better place. You may describe the people you hope to serve, a community need you want to address, or the difference you hope to make.

9. CERTIFICATION AND SIGNATURE

I certify that the information in this application is true and complete to the best of my knowledge. I authorize The Caregiver Foundation and the scholarship sponsor to verify information relevant to this application, including education, employment, references, and eligibility. I understand that scholarship materials become part of the program record and that selection is not guaranteed.

Applicant signature

Date

Printed name