

GREATER MERCER AREA HEALTHCARE FOUNDATION

SCHOLARSHIP APPLICATION

Name _____

Home
Address _____

Telephone
Number _____

E-mail
Address _____

Name of High School & Graduation date

GED _____

Have you been accepted to a Certified Nursing Assistant Program?

If yes, Name of School _____

1. Please write a brief essay on:

"Why I have a desire to become a Certified Nursing Assistant and a passion for working with the elderly"

2. Please provide 1 letter of recommendation from your community that speaks to the character, integrity and work ethic of the applicant.

Signature of Applicant _____

Date _____