

GREATER MERCER AREA Healthcare Foundation

Scholarship Application

Name: _____

Home Address: _____

Telephone Number: _____

E-mail Address: _____

Applying For (check one):

- ☐ Home Health Aide
- ☐ Certified Nursing Assistant
- ☐ Certified Medication Aide

If applying for CNA, name of High School / Graduation Date / GED:

**If applying for a Nursing Assistant Scholarship, have you already been accepted into a
Certified Nursing Assistant Program?**

- ☐ Yes, which one: _____
- ☐ No

Please *attach* a brief essay on the following:

“Why I have a desire to become a Certified Nursing Assistant or Home Health Aide; and why I
have a passion for working with the elderly”

**Please *attach* one letter of recommendation from your community that speaks to the
character, integrity, and work ethic of the applicant.**

Signature of Applicant: _____

Date: _____