



Haitian American Nurses Association of Florida, Inc. (HANA)

**P.O. Box 695069
Miami, Florida 33269
www.hanaofflorida.org**

SCHOLARSHIP APPLICATION 2020

Directions: Please print or type the following information

Date: _____ Name of School: _____

Personal Data:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ Cell Phone: _____

Work: _____ E-mail: _____

DOB: _____ Resident _____ U.S. Citizen _____

Professional License Number (if any): _____ Expiration date: _____

What language (s) do you speak?

What nursing degree are you pursuing? LPN: ____ ADN: ____ BSN: ____

Professional Organization(s) to which you belong:

Community Involvement Commitment of 20 hours of service.

Please complete the information above and return via email to HANA Education Committee at info@hanaofflorida.org.