



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

**P.O. Box 694933  
Miami, Florida 33269  
[www.hana84.org](http://www.hana84.org)**

**SCHOLARSHIP APPLICATION**

**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: \_\_\_\_  
MSN: \_\_\_\_ Doctorate: \_\_\_\_\_

**Professional Organization of which you belong to:**  
\_\_\_\_\_

**Community Involvement:**  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the information above and return to: Attention to  
Marie Etienne, MSN, ARNP, Chair of the Education Committee Chair.  
Good Luck!**