

**Pacific Communities Health District Foundation
Women's Giving Circle
Certified Nurse Assistant Program Scholarship
Application**

Name: _____ Date: _____ Date of Birth: _____

Mailing Address: _____

Telephone: _____ E-Mail: _____ Years in Lincoln County: _____

Marital Status: _____ Number of Dependent Children and Ages: _____

Other Dependents: _____ Education: High School? Yes ___ No ___ GED ___ Other? _____

Post Secondary Study/Training (Health Care Courses Completed) Degrees: _____

Training Desired: What?, Where?, How Long? _____

Do you intend to use your training to benefit residents of Lincoln County? _____

Reasons for Desiring Further Education: (Attach an additional page if necessary) _____

Estimated Expenses: _____

Estimated Income or Support While Attending School: _____

Please include two letters of reference from people who know you through either school or employment. Application deadline is two weeks before the first day of your program.

Two \$400 Samaritan CNA program scholarships are available to students who plan to use their training to benefit residents of the Pacific Communities Health District (Depoe Bay to Yachats). Submit your completed application to: The PCHD Foundation, 930 SW Abbey, Newport, OR 97365. Feel free to call Ursula Marinelli at (541) 574-4745 if you have questions.

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