



Cuidado Casero Foundation 2018 Scholarship Application

I. Personal Data

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Alternate Phone: _____

Email: _____ Alternation Email: _____

Father's Name: _____ Mother's Name: _____

Ethnicity and Race

To be able to qualify for this scholarship, you are urged to identify your ethnic background and gender.

Please check all that apply:

- Hispanic/Latino Asian or Pacific Islander Non-Hispanic Black
 American Indian or Alaskan Native Non-Hispanic White Other:

Gender: (check one) Male Female

Citizenship Information

Reminder: You must be a U.S. citizen, permanent resident, or qualified DACA status immigrant to apply for this scholarship. Provide copy of residency card or immigrant status (if applicable).

Are you a U.S. Citizen? Yes No If no, Nationality? _____



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II. Academic Information

Student Status: Full Time ¾ Time Part Time

Nursing School attending or accepted into:

School Address:

Address Line 2:

City: _____ **State, Zip Code:** _____

Date of acceptance to the School of Nursing: ____/____/____ (MM/DD/YYYY)

Degree Program (check one): Assoc. of Science (RN) RN to BSN BSN MSN

What specific degree are you seeking?

How many credits do you currently have? _____ **Expected Graduation date (month/year):** _____

Cumulative GPA: _____ **Expected credit load for the year:** _____

Do you currently hold a Nursing License? Yes No

If yes, enter Type/License #/State: _____

III. Financial Information

Adjusted gross household Income: _____ **Total number of members in the family:** _____

Total number of family members attending college this year: _____



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IV. Work History

Please list your work history for the past 5 years (or attach your resume with the application).

V. Volunteer/Community Service Activities

Please list your volunteer/community service activities (or attach your resume with the application).

VI. Scholarship Essay

Briefly describe how a scholarship would help you to reach your educational and professional goals. Identify your goals and needs clearly. This essay is given strong consideration in the decision-making process. Maximum of 500 words. Please attach with this form in an email to scholarships@ccfoundation.us



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VII. Signature

By typing/signing my name in the signature line, I certify that the above information is accurate to the best of my knowledge. I authorize Cuidado Casero Foundation to verify my GPA and other information contained in this application to members of the Scholarship Committee. If selected to receive a scholarship, I agree to participate in promotional activities to publicize my awards, such as attendance at awards presentations and the use of my photos and other information in print and online publications produced by Cuidado Casero Foundation, Inc. and its affiliates.

Signature: _____ **Date:** _____

Save a copy of the completed application for your records.

E-mail it to: scholarships@ccfoundation.us

Deadline: **April 30th, 2018**