



The TREES scholarship funds are limited to students pursuing training in the Chesapeake College Certified Nursing Assistant Program. Applicants must reside in any of the 5 Maryland counties: Dorchester, Talbot, Caroline, Queen Anne's, Kent. Documentation is required.

**SECTION I: PERSONAL INFORMATION**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ Apartment Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Social Security number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If you are not a citizen of the U.S., what is your immigration status? \_\_\_\_\_

Home Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_ Are you a high school graduate? \_\_\_\_\_

Race (please check all that apply): White \_\_\_\_\_ Black or African-American \_\_\_\_\_ Asian \_\_\_\_\_

Hispanic \_\_\_\_\_ Hawaiian/Other Pacific Islander \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_

Other (please specify) \_\_\_\_\_

*\* Maryland Board of Nursing requires a valid number for licensing.*

**SECTION II: EDUCATIONAL BACKGROUND**

Highest Educational Attainment (upon enrollment):

None \_\_\_\_ Elementary \_\_\_\_ Middle \_\_\_\_ Some High School \_\_\_\_ High School Diploma or Equivalent \_\_\_\_  
Some College No Degree \_\_\_\_ Associate's Degree \_\_\_\_ Bachelor's Degree \_\_\_\_

Do you currently hold an Industry Recognized or Defined Certification/Credential? Yes \_\_\_\_ No \_\_\_\_

**SECTION III: EMPLOYMENT INFORMATION**

Are you currently employed? Yes, full time \_\_\_\_ Yes, part time \_\_\_\_ No \_\_\_\_

*Please provide your current, or most-recent, employment information.*

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_

**SECTION IV: ESSAY**

Why are you interested in becoming a Certified Nursing Assistant and how would this scholarship help you to achieve your goals?

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(Please attach another sheet if necessary)

**References:**

Please identify 2 individuals who can provide good insight into your personality and overall character.

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Please complete this and send to Lisa Widmaier  
Chesapeake College – P.O. Box 8 – Wye Mills, MD 21679  
or email to [LWIDMAIER@chesapeake.edu](mailto:LWIDMAIER@chesapeake.edu)