HAITIAN AMERICAN NURSES ASSOCIATION OF HUDSON VALLEY, NEW YORK, INC.

H.A.N.A.

Haitian American Nurses Association of Hudson Valley, NY Inc.
Scholarship Application Form

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Florence Pierre-Pierre
BBA, BSN, RN

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MSN, BSN, RN

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DNP, MSNEd, BSN, AAS,
CARN, RN

PO Box 263
Spring Valley, NY 10977
(845) 548-2777
(845) 327-7360
info@hanahudsonvalley.org

Application Date _____

Personal Information

First Name: _____M.I.: _____Last Name: _____

Street Address: _____

Town/Village: _____ Zip Code: _____County: _____

Phone: _____E-mail: _____

Are you of Haitian Descent? _____Yes _____ No

School Information

High School/College Name: _____

Academic Year: _____

Street Address: _____

Town/Village: _____ Mail Code: _____ County: _____

High School/University Contact: _____

Contact Phone: _____

Contact E-mail: _____

Anticipated Date of Graduation (MM/DD/YYYY) _____/_____/ _____

Yearly Average (*for high school graduates*) _____

GPA (*for current college students*) _____

"Talent wins games, but teamwork and intelligence win championships." — Michael Jordan

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SCHOLARSHIP APPLICATION ESSAY

(In three hundred words, please tell us why you are interested in becoming a nurse)

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RECOMMENDATION LETTER

(Please tell us why you would recommend this candidate to receive this scholarship)

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