The Native American Nurses Association (NANA) is proud to recognize a founding mother of NANA and announce the Angie Cimino Memorial Scholarship. Scholarship awards of up to $1000 will be awarded by September 10, 2015.

PURPOSE
To assist eligible Native American nursing students in their pursuit of higher education. Students who meet the eligibility requirements below may apply.

ELIGIBILITY REQUIREMENTS FOR THOSE IN THE NURSING PROGRAM
- Enrolled member of a federally-recognized Native American Tribe. Proof of Tribal enrollment required.
- Possess a minimum of 3.0 GPA. Copy of current transcript required (unofficial accepted).
- One letter of recommendation from an advisor, instructor, clinical preceptor or applicant’s employer endorsing the applicant as a qualified candidate for the scholarship.
- Accepted into a nursing program.
- Must be attending a school in the metropolitan Phoenix area

APPLICATION PROCEDURE
- Award cycle: Fall
- Please type or print legibly
- Provide ALL information.
- Application must be Postmarked by July 31, 2015
- Incomplete application will not be considered
- Your application must contain the following documents:
  - Completed Scholarship Application
  - Personal Statement
  - Letter of recommendation
  - Current academic transcript (unofficial transcript accepted).
  - Proof of Tribal enrollment
  - Acceptance letter to a nursing program in the metropolitan Phoenix area

APPLICATION DEADLINE
Application must be postmarked by July 31, 2015. Mail to: Native American Nurses Association, Phoenix Indian Medical Center, 4212 N. 16th Street, Phoenix, AZ 85016.

CONTACT INFORMATION
For additional information, contact a NANA Officer:
  - Tilda Smith 480-414-9905
  - Alberta McCabe 623-581-2284
Angie Cimino Memorial Scholarship
Sponsored by the Native American Nurses Association
2015 Scholarship Application

Name: ____________________________________________
Last                                                                       First
                                                        MI

Permanent Address: ____________________________________________
Street                                                City                                                 State
                                                        Zip

Local Address: ____________________________________________
Street                                                City                                                 State
                                                        Zip

Phone #: (___) ___________________  Cell#: (___) ___________________
Second phone or message phone#: (___) ___________________

Tribe: ____________________________________________________________

Email: ____________________________________________  School email: ____________________________________________

Education History
High School diploma received from: ____________________________ Year: _____
City & State: ____________________________________________________________

Currently enrolled at: ____________________________________________
College/University                  City                      State:

Year in program:______  Degree sought: □ AA  □ Bachelor  □ Other (specify):____________________

Each application will be reviewed based on the applicant’s credentials, recommendation, and personal statement. Please share in the personal statement your vision on how you would contribute to the health of Native American communities.

If selected I □ agree □ disagree, to have my name and school affiliation published.

Attach additional sheets as needed.

Applicant Signature: ____________________________  Date: ____________________________

Be sure to check if your application is complete before mailing. Incomplete applications will not be considered