

**Angie Cimino Memorial Scholarship**  
Sponsored by the Native American Nurses Association  
2015 Scholarship Application

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**SCHOLARSHIP INFORMATION & APPLICATION  
FOR NURSING STUDENTS**

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. 16<sup>th</sup> Street, Phoenix, AZ 85016.

**CONTACT INFORMATION**

For additional information, contact a NANA Officer:

Tilda Smith	480-414-9905
Alberta McCabe	623-581-2284

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**Name:** \_\_\_\_\_  
Last First MI

**Permanent Address:** \_\_\_\_\_  
Street City State Zip

**Local Address:** \_\_\_\_\_  
Street City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell#: (\_\_\_\_) \_\_\_\_\_

Second phone or message phone#: (\_\_\_\_) \_\_\_\_\_

Tribes: \_\_\_\_\_

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***