**Middlesex Community College Foundation**

**Scholarship Application for**

**Certified Nurse Aide and Patient Care Technician Students**

**The Scholarship Application Process & Required Materials**

CNA and PCT scholarships are funded through the generosity of *The Peach Pit Foundation*. Scholarship availability is dependent on donations and is therefore subject to change. Scholarships are awarded according to donor intent. To be considered for a scholarship you must be a student who intends on registering for the Certified Nurse Aide or Patient Care Technician Program.

Your scholarship application packet must include the following for you to be considered for a scholarship award:

1. A completed CNA/PCT Scholarship Application form. Fill in all fields.
2. At least two letters of recommendation (on official letterhead preferred), from a current high school teacher, college faculty or staff, guidance counselor, academic advisor, employer, or the like. Letters must indicate the writer’s relationship to you, e.g., high school or college faculty, employer, volunteer supervisor, etc. Important: Letters from relatives and friends will not be accepted.
3. A typed essay, one to two pages in length, double-spaced, describing:
	1. What motivates you to become a CNA or PCT
	2. Why you should be considered for a scholarship and how will it help you in pursuit of CNA or PCT training

**Applications should be submitted to:**

Diane Bordonaro MSN RN

 Director of Non-Credit Programs

Middlesex Community College

100 Training Hill Rd.

Middletown, CT 06457

*There is no deadline for application submission. Applications will be accepted and reviewed as they are submitted. Incomplete applications will not be accepted.* ***If selected as a potential scholarship recipient, you will be asked to interview with the Associate Dean of Development and the Director of Non-Credit Programs***

**Middlesex Community College Foundation**

**Certified Nurse Aide or Patient Care Technician Scholarship Application**

**Student Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *Last First M.I.*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  *Street Apt. #*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 *City/Town State Zip Code*

Home Phone: ( ) - Cell Phone: ( ) - Email:

Please circle which program you plan on enrolling in: CNA or PCT

**Education**

High School Graduate: Yes ( ) No ( ) GED: Yes ( ) No ( ) Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Please Check**Please Check*Name of High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation\_\_\_\_\_\_\_\_\_\_

College Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_ Degree: \_\_\_\_\_\_\_\_\_\_

**Work Experience**Please list any work experience that lead you to consider Certified Nurse Aide or Patient Care Technician training:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through submission of this application I certify that all information provided is true and accurate to the best of my knowledge. I grant permission to Middlesex Community College and Middlesex Community College Foundation, Inc. to review my transcript(s) and use the information provided in this application for review, recruitment, and public recognition. I agree that the application and all related materials become the property of the MxCC Foundation upon submission. If awarded a scholarship, I release to the College, the Foundation, and the Scholarship Donor, the right to use my name and photograph for publications, reports, and news releases. I agree that, if I am selected to receive a scholarship, I will complete a thank you card/note to the donor of my scholarship. I will deliver the thank you card/note to the MxCC Foundation mail slot, Founders Hall mailroom by May 31 of this current year

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Signature of Applicant Date