



Certified Nursing Assistant I Scholarship Application

The goal of Columbia Memorial Hospital is to assist individuals in pursuing Certified Nursing Assistant (CNA) licensure through a scholarship program. Though receipt of scholarship does not guarantee employment at CMH, the intent will be to offer the opportunity to apply for available positions and interview all scholarship recipients. Once licensed, the CNA must apply for a position using the CMH application process to be considered for a CNA position.

Qualifications:

- Recipient must be able to attend the Clatsop Community College (CCC) CNAI training program as identified by Columbia Memorial Hospital.
- Applicants must provide one completed recommendation form (attached)

Scholarship Information:

- Each scholarship recipient that is hired will be expected to sign a commitment to work agreement for a period of 12 months in either Full or Part Time capacity. IF the term of employment is not completed it is expected that the applicant will repay the entire cost of training as prorated on a per month to serve rate.
- Each scholarship provides funding for tuition and book fees only, paid directly to CCC.
- This is a one-time scholarship per person
- This scholarship is awarded by a panel led by the Acute Care Services Manager.
- Hours attending the CNA program, study time, and practicum hours will not be paid for scholarship recipients.

Please return applications to Kelly Cope Acute Care Services Manager by April 29, 2021 to be considered for the Clatsop Community College Summer beginning in June 2021.

Columbia Memorial Hospital
2111 Exchange Street
Astoria, OR 97103
503-325-4321

CNA I Scholarship Application Form

Name _____

Address _____

Phone _____ Email _____

U.S. Citizen __ yes __ no

1. What level of education have you completed and year of completion.

2. Please list your past 3 employers, contact information and dates of employment:

A.

B.

C.

3. Please describe why you would like to be a Certified Nursing Assistant?

4. Please describe, in your own words, how you would describe the role/responsibilities of CNA.

5. Please describe why you would like to be a member of the CMH Nursing Team.

Statement of Accuracy

I hereby affirm that all of the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the CMH CNA Training Scholarship Program.

Signature of Scholarship

Applicant _____

Date: _____

Columbia Memorial Hospital

CNA I Scholarship

Recommendation Form

Applicant Name:

Recommender Name:

Recommender Contact Information/Email:

1. How long have you known the applicant?
2. What is your relationship to the applicant?
3. Please describe the applicants attitude towards academic work and work environment:
4. Please describe the applicant's reliability.
5. Please describe the applicant's ability to work with others.
6. What are the applicant's strengths?
7. What are the applicant's weaknesses?

Recommender's Signature: