



TREES (Training Recruitment Education and Employment)
Scholarship Application

Email completed application to cehealthcare@chesapeake.edu or mail to CE Healthcare, Chesapeake College, PO Box 8, Wye Mills, MD, 21679.

SECTION I: PERSONAL INFORMATION

Date _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ Apartment Number _____

City _____ State _____ Zip Code _____ County _____

Date of Birth ____-____-____ Social Security number*: ____-____-____

If you are not a citizen of the U.S., what is your immigration status? _____

Home Phone ____-____-____ Cell Phone ____-____-____

Email Address _____ Are you a high school graduate? _____

Race (please check all that apply): White _____ Black or African-American _____ Asian _____

Hispanic _____ Hawaiian/Other Pacific Islander _____ American Indian or Alaska Native _____

Other (please specify) _____

* Maryland Board of Nursing requires a valid number for licensing.

SECTION II: EDUCATIONAL BACKGROUND

Highest Educational Attainment (upon enrollment):

None ____ Elementary _____ Middle ____ Some High School _____ High School Diploma or Equivalent _____

Some College No Degree _____ Associate's Degree _____ Bachelor's Degree _____

Do you currently hold an Industry Recognized or Defined Certification/Credential? Yes ____ No ____

SECTION III: EMPLOYMENT INFORMATION

Are you currently employed? Yes, full time ____ Yes, part time ____ No ____

Please provide your current, or most-recent, employment information.

Name of Employer _____

Address of Employer _____

Job Title _____

