The **Elodia M. Dominguez** Memorial CNA Scholarship

Application due **April 30, 2026**

2026 Application

NAME:

EMAIL: PHONE:

PROGRAM START DATE: MM/YYYY ANT. END DATE: MM/YYYY

Please write a brief 1-2 paragraph statement to tell us about yourself and your journey to becoming a CNA. Consider your educational journey and barriers faced while pursuing your program.

By signing this document, you agree that the above information is truthful and accurate to the best of your knowledge, you are a recently enrolled or current adult learner of Midland College WRTTC campus, and you are not a previous recipient of The Elodia M. Dominguez Memorial CNA Scholarship

Signature required: **Date:**