

CharterCARE
Foundation

2019 Continuing Medical Education Scholarship

Applications are accepted for courses in medical specialties, nurse anesthetists, and dental hygienists, pharmacists, pharmacy techs, CNAs, etc; it does not include medical school, medical research, or undergraduate courses.

(Please type or print legibly)

Applicant's Full Name _____

Address _____

City/State/Zip _____

Date of Birth _____ Cell # _____ Email _____

What degree or certification are you seeking? _____

Name of the Institution and/or Program

Please attach the following to your application:

- Curriculum vitae or current resume
- Statement of need
- Completed financial aid worksheet
- Short essay (up to 300 words) about an experience or incident that changed your life OR why this additional medical education with help you in your chosen field; and
- A recent, clear headshot, suitable for press releases should you be chosen as a recipient.

Please make sure your application is complete with all required attachments. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Once your application is submitted, it cannot be amended. Applicants will be notified by email – no phone calls, please.

Email your complete application to: grants@chartercarefoundation.org; or mail to: Scholarship Committee, CharterCARE Foundation, 7 Waterman Avenue, N. Providence, RI 02911 by 3/30/17.