



2026 CentraState Scholarship Application

Clinical Background, Educational Advancement, and Financial Need Form (CAF)

Applicant Name: _____ **CentraState Employee ID:** _____

1. Background Information

- Do you hold a Certified-In-Specialty? Yes No
If yes, please specify: _____
 - Most recent Annual Performance Appraisal rating:
 Successfully Achieves Expectations Exceeds Expectations
 - Number of years employed at CentraState: _____
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2. Educational Goals

- Are you currently working toward a new designation (e.g., RN, BSN, MSN, certification)?
 Yes No. If yes, please describe: _____
 - Are you working toward advancement at CentraState? Yes No
If yes, please explain your career goals: _____
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3. Need for Funding

- Are you working additional hours to support your studies? Yes No
 - Please describe any significant expenses or circumstances that have created a financial need (e.g., tuition costs, family obligations, reduced work hours, etc.).

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4. Awards, Prizes, or Recognition

- In the past three years, have you received any community, hospital, or professional organization recognition? Yes No
If yes, please describe: _____
- Have you previously received a scholarship?
 Yes No
If yes, please specify: _____