

Caring for Caregivers Scholarship Application

Name _____

Address _____

E-mail _____

Phone number (s) _____

Current position or educational status _____

Letter of recommendation from:

Name _____ Phone _____

Address/e-mail _____

Please answer the following questions on a maximum of three additional pages:

1. Why are you interested in attending the Caring for Caregivers workshop?
2. How will this experience support your education or career?
3. What experience do you have with the arts and healthcare?
4. What financial circumstances should we take into consideration? (Please include your income and whether you are financially independent or dependent on a parent/spouse or other. We do not require that you provide this information, but it is helpful.)
5. Is there anything else you would like us to know as we consider your application?

Your application packet must include:

1. Application form
2. Attached answers to questions (up to three pages)
3. Your resume or CV
4. An additional page with three personal and/or professional references including name, position, address, e-mail address and phone numbers.

APPLICATION DUE DATE: April 6 by 5:00 PM

Return to:

UF Center for the Arts in Medicine
PO Box 115900
Gainesville, FL 32611
OR e-mail to creina-munoz@arts.ufl.edu