

Current School of Nursing Enrollment:

(school listed below is where your official transcript should be mailed from)

Name _____

Address: _____

City _____ State _____ Zip Code _____

Dean/Director _____ School Phone No.(_____) _____

Type of Nursing Program – Circle One: LPN RN BSN Masters PhD

Expected Graduation Date _____ Advisor _____

Extracurricular/Community Activities (List) _____

I hereby affirm that all the information provided is true. Any false statement will forfeit the award.

Signature _____ Date _____

[You may attach a continuation sheet if necessary]

Please email application and supporting documentations to
gbelizaire@nbna.org

Have your school mail your official transcript to:
(Please contact your school in enough time to have the transcript post marked and received at the National Office before or by April 15, 2016)

NATIONAL BLACK NURSES ASSOCIATION

Attn: Gessie Belizaire/Scholarship Committee

8630 Fenton Street, Suite #330

Silver Spring, MD 20910

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST
BE POST OFFICE MARKED APRIL 15, 2016**

If sending by EMAIL by CLOSE OF BUSINESS AT 5:00 pm (EST)

Information needed for the NBNA Final Conference Program Book

If selected, the typed information below is how your name, credentials and school information will appear in the final conference program book.

Full Name and Credentials: *(if any)*

School Name:

Department:

City, State:

Full Chapter Name:

Example:

Full Name and Credentials: Natalie Devine, MSN, RN

School Name: University of the District of Columbia

Department: School of Nursing

City, State: Washington, DC 20001

Full Chapter Name: Direct Member