



**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](mailto: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, 2017)*

**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, 2017**

**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