

Current School of Nursing Enrollment:

Name _____

Address: _____

City _____ State _____ Zip Code _____

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

Classification: _____ Expected Graduation Date _____ Advisor _____

Extracurricular/Community Activities (List) _____

Are you a NBNA Student Member: Yes No Chapter: _____

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 documentation to elazenby@nbna.org. Please mail original transcript to:

NATIONAL BLACK NURSES ASSOCIATION
Estella Lazenby/Scholarship Committee
8630 Fenton Street, Suite 330
Silver Spring, MD 20910

RECEIVE APPLICATION AND ALL REQUIRED INFORMATION
POST OFFICE MARKED DEADLINE IS APRIL 15, 2011