

# National Black Nurses Association, Inc. 2020 Scholarship Application

Please Type or Print clearly in Ink

Name: \_\_\_\_\_  
First
Middle
Last

Daytime Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

City State Zip Code

Social Security No.: \_\_\_\_\_

Place of Employment: \_\_\_\_\_, Annual Income: \_\_\_\_\_  
Yourself

\_\_\_\_\_ , Annual Income: \_\_\_\_\_  
Spouse

NBNA Member Chapter: \_\_\_\_\_  
*(Spell out chapter name. If you are a Direct Member print Direct Member on line)*

Are you a NBNA Student Member: Yes  No  If Yes, Year joined: \_\_\_\_\_

Head of your Household: Father  Mother  Self  Other  Others You Support: \_\_\_\_\_

Name	Relationship	Age	School/Place Employment
_____	_____	_____	_____
_____	_____	_____	_____

Do you currently hold a Nursing License? Yes  No  If Yes Type: RN \_\_\_\_\_ LPN/LVN \_\_\_\_\_

If Yes: License Number: \_\_\_\_\_ State: \_\_\_\_\_

Anticipate Source(s) of Income for school: i.e., Family, Scholarship, Grant, Loans, Veterans Benefits, etc. Please list all:  
 \_\_\_\_\_

**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.: (\_\_\_\_) \_\_\_\_\_

Dean/Director Email: \_\_\_\_\_

Type of Nursing Degree Program – **Choose One:** LPN/LVN  Associate  Bachelors   
Masters  Doctorate

If you are in a **Doctoral** program further indicate the type of degree program:

EdD  DNP  PhD  Other (Indicate): \_\_\_\_\_

Expected Graduation Date (Mth/Yr): \_\_\_\_\_ Advisor: \_\_\_\_\_

Do you attend an Historical Black College or University: Yes  No

Extracurricular/Community Activities (List): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Personal Statement Instructions (REQUIRED)**

Each applicant must submit a personal statement of 500 words maximum responding to the following statement: *“A NBNA Scholarship will allow me to”*

- **I hereby affirm that all the information provided is complete and true. Any false statement(s) will make my application null and void.**
- **Consent/willingness to publish photograph in NBNA publications and/or NBNA website.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[You may attach a continuation sheet if necessary]*

## **General Instructions – Follow all instructions for preparation and submission of your application**

### **The following is required for submission**

1. A completed application form.
2. Two letters of recommendation. One letter from either your NBNA Chapter president (past or present), other chapter leader (past or present), or member (past or present), attesting to your membership and involvement at the chapter level. If you are a ***DIRECT*** member you can submit a letter from any NBNA member who can attest to your involvement in NBNA like activities or a letter from someone who can attest to your community volunteer and /or other activities. The second letter can be from a teacher, or work supervisor.
3. One official copy of your current school transcript (Mailed directly to NBNA)
4. A copy of your current resume or CV (5 pages max)
5. Personal statement (500-word max)
6. Current high-resolution photo

### **Application submission Instructions**

Applications and supporting materials will **ONLY** be accepted electronically

Assemble the following materials and save as **one pdf file** (Only pdf files will be accepted) with this file name FORMAT: (Your Last name – Scholarship Application), **Ex – Jones-Scholarship Application**

1. Completed application form
2. Two letters of recommendation
3. Resume or CV
4. Personal statement

Submit the **pdf file** via email using the same file name in the Subject to: [admin@nbna.org](mailto:admin@nbna.org).

Submit your high-resolution head shot photo to the same email address.

### **Submission of your official school Transcript**

**Have your school mail your official transcript directly to:**

#### ***NATIONAL BLACK NURSES ASSOCIATION***

*Attn: Scholarship Committee*

*8630 Fenton Street, Suite #910*

*Silver Spring, MD 20910*

*(Please contact your school in enough time to have the transcript post marked and received at the National Office before or by April 15, 2020)*

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION AS INDICATED ABOVE MUST BE RECEIVED VIA EMAIL BY CLOSE OF BUSINESS AT 5:00 PM (EST) ON OR BEFORE APRIL 15, 2020**

**TRANSCRIPT MUST ALSO BE RECEIVED AT THE NATIONAL OFFICE ON OR BEFORE APRIL 15, 2020 BY COB**

## QUESTIONS

Please direct all questions about the scholarship application process directly to Dr. Sheldon D. Fields, the chair of the NBNA Scholarship and Awards Committee via email at: [Sheldon.Fields40@gmail.com](mailto:Sheldon.Fields40@gmail.com)

## 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  
Full Chapter Name: Direct Member

## **ATTENDANCE AT THE NATIONAL CONFERENCE:**

- **PhD** scholarship award recipients are **REQUIRED** to attend the national conference as a condition of award acceptance at their own expense in order to receive their award in person.
- NBNA prefers the presence of all scholarship recipients at the national conference to receive their awards in person, however travel funds are not available.