



**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]*

RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST BE POST  
OFFICE MARKED APRIL 15, 2018

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

*Please email application and supporting documentations to  
charold@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, 2018)*

**NATIONAL BLACK NURSES ASSOCIATION**

Attn: Crystal Barney-Harold/Scholarship Committee  
8630 Fenton Street, Suite #910  
Silver Spring, MD 20910