**Concerned Black Nurses of CSRA 2017 Scholarship Program (Adopt-A-Nurse)**

Scholarship grant this year will be presented to the Awardees at our Annual Meet and Greet/Christmas Party in December 2017

**Scholarship Requirements:**

1. Membership required (must be a member or willing to join NBNA and our local chapter).
2. Currently enrolled in an accredited Nursing program.
3. GPA 3.0 or higher.
4. Have at least one year of school remaining.
5. Recommended by a member in good standing of a NBNA chapter (non- relative).

**Must Provide**: for consideration

1. **Official sealed college transcript(s**) from an accredited School of Nursing with application for scholarship consideration.
2. Two-page written essay attached to application: typed, double spaced to include a description of extracurricular activities and community involvement. These may include (but not be limited to) local chapter activities community based projects, school level project, organizations efforts, state level student nurse activities, activities impacting on the health and social conditions of African Americans and other culturally diverse groups. Also include a presentation of ideas of what the individual can do as an individual nurse to improve the health status and/or social condition of African Americans and a statement of future goals in nursing. This information must be documentable
3. Two letters of recommendation (one from applicant’s school of nursing and one from a verifiable source: Chapter Member, Clergy, employer (if any), a none relative attached to application.

***If selected, the scholarship grant will be awarded in two installments. The awardee is expected to attend at least two local meetings within the year of accepting the scholarship grant and participate in two Community Service Projects with the local Chapter.***

***The goal is for the organization to support/mentor the awardee, so that the individual will grow and learn how to lend their talents to enhance a healthier community.***

**Concerned Black Nurses of CSRA, Inc.**

**2017 Application for Scholarship**

**Please Type or Print clearly in Ink**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Employment (if working) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NBNA Member Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current School of Nursing Enrollment:**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Send application and all required information to:**

**Concerned National Black Nurses Inc.**

**P.O. Box 204228**

**Martinez, GA 30907**

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST**

**BE POST OFFICE MARKED OCTOBER 30, 2017 If sending by Email by CLOSE OF BUSINESS AT 5:00 pm (EST)**

**2016 Concerned Black Nurses of CSRA Membership Honor Pledge**

**As a member of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Full name of chapter)**

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_promise to remain a member in good standing with my chapter over the next two years.**

**Signature of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**