#### Daytona Beach Black Nurses Association P.O. Box 10389 Daytona Beach, Florida 32120

January 8, 2019

To: Currently Enrolled Nursing Students

Re: 2019 Scholarship Applications

The Daytona Beach Black Nurses Association (DBBNA) would like to invite nursing students who are currently enrolled in clinical courses to submit an application for our annual scholarship.

The scholarship will be awarded April 13, 2019 at the Annual Scholarship Event. Students may utilize this scholarship award for the summer or fall semester of 2019.

Scholarship funds are to be used to defray the cost of nursing school expenses. Attached you will find the scholarship application and criteria.

Please follow the scholarship criteria and submit the application by March 22, 2019. Please make copies if necessary.

#### **Important dates to remember:**

Application deadline is March 22, 2019.

Mail completed application to: DBBNA P.O. Box 10389 Daytona Beach, Florida 32120

**Contact Persons:** 

Sharon James, Vice President: <a href="mailto:sjlovessj@aol.com">sjlovessj@aol.com</a> Maxine Mann, President: <a href="mailto:mmjmann@gmail.com">mmjmann@gmail.com</a>

Sincerely,

**Scholarship Committee** 

#### Daytona Beach Black Nurses Association Scholarship Criteria

Applicants must be enrolled in a school of nursing with all institutional prerequisites completed prior to submitting an application. Please follow the directions below:

#### **Deadline**

Application **must be received** by the deadline of March 22, 2019. No papers will be accepted after the deadline. Mailing address:

Daytona Beach Black Nurses Association P.O. Box 10389 Daytona Beach, Florida 32120

Submit a copy of current enrollment, official transcript and a letter of recommendation from a nursing instructor.

#### **Essay Guidelines**

Each applicant must submit a 1000 word typed, 12 pitch font size, 1" margins and double-spaced essay with your application.

Required Essay Topic Discussion:
Why did you choose the career of nursing?
How will your goals demonstrate your commitment to the health care community?
What qualifies you to be the scholarship recipient?

#### **Biographical Information**

Current Employment:
Honors and Awards:
Community Projects:
School Projects:
DBBNA Organization Events:

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#### **Scholarship Application**

#### **Personal Data**

Name: Last	Fii	rst	MI
Address:			
City:			
Phone:	Ce	ell Phone:	
Email Address			
Education Data: PLEASE NOTE: Senior s			
Current School of Nursing			
Current Program Enrolled	in:		
Current Semester ADN: (c	ircle one) 1 <sup>st</sup> 2 <sup>n</sup>	d 3 <sup>rd</sup>	GPA
Current Year BSN: (circle	one) Sophomo	ore Junior	GPA
LPN	Graduatio	on Date:	GPA
Signature:			Date:

Please give a brief statement explaining how the scholarship award funds would be used if you were selected to receive the scholarship. (Attach sheet if necessary)

Please include a short biography of yourself to be included in the program if you are selected as a scholarship recipient. (**Attach sheet**)

#### Daytona Beach Black Nurses Association P.O. Box 10389 Daytona Beach, Florida 32120

#### **Nursing Faculty Member Recommendation**

Name of Faculty Member:	Title:
College:	
Please provide a brief recommendation signifying why this student from the Daytona Beach Black Nurses Association:	should receive a scholarship
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Faculty Signature:	Date:

## **Daytona Beach Black Nurses Association**

OUR MISSION is to provide a forum for nurses to determine the needs of minorities in the community and implement health promotion and prevention services.

OUR VISION as Nurses and Health Care Professionals is to commit to working as a team, to promote the highest quality of culturally competent care involving patient support care services, resources, and the community at large.

### Membership Application

Date						
Name						
Address _						
City						
Telephone	·					
Email						
Circle One	e: RN	LPN	Nursing Student	Other		
Annual Membership Fee: \$30.00 (must accompany application) Student Membership Fee: \$20.00 (must accompany application)						
Make check payable to: Daytona Beach Black Nurses Association						
Mail to:	P.O. Box	10389 Beach, Flori	da 32120			

Meetings are the first Monday of each month at 5:30PM at Bethune Cookman University, **L. Gale Lemerand Nursing Building** 739 W International Speedway Blvd. Classroom 4

