

**J. D. Hamilton Nursing Scholarship**

Administered by

National Concerned Black Nurses of the CSRA

2020 Application for Scholarship

Release Date of Application

Wednesday, January 1, 2020

**SCHOLARSHIP APPLICATION INSTRUCTIONS**

All applications for scholarship should be complete. The following information should be reflected in the packet in order for applicant to be considered:

* Proof of African American nursing student enrollment in an accredited school of nursing
* Personal essay (500 to 750 words, double-spaced typed) that describes areas in your life where you demonstrated leadership and overcame obstacles either through your school, social or family life.
* Current residence in one of the CSRA counties (GA & SC).
* Have at least one year remaining in program.
* GPA of a least 3.0 on a 4.0 scale. If less than 3.0, submit an additional essay explaining why you should be considered for the scholarship.
* Official sealed college transcripts from an accredited school of nursing.
* Three letters of reference (non-relative).

**J. D. Hamilton Nursing Scholarship**

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| **Please type or print clearly in black ink.**  |
| 1 | Last Name: | First Name: | Middle Initial: |
| 2 | Email Address: |
| 3 | Mailing Address Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_  |
| 4 | Daytime Telephone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 5 | Date of Birth: Month Day Year |
| 6 | School of Nursing Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
|  | Requirements prior to receipt of funds to the school:  Proof of enrollment Attendance at same institution for two (2) consecutive semesters Proof of residence in the CSRA |
| 7 | Dean/School Director Contact Information Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: ( )\_\_\_\_\_\_\_\_\_\_( ) \_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Nursing Program:  BSN \_\_\_\_\_\_\_  LPN to BSN\_\_\_\_\_\_\_  ADN to BSN \_\_\_\_\_\_\_  Diploma to BSN \_\_\_\_\_\_\_ |
| 9 | Enrollment:Date Enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Semester Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 10 | Grade Point Average (GPA on a 4.0 scale) Attach proof of GPA to application packet. Most recent official transcript is required.  |
| 11 | List other financial assistance you will receive during the semester which you would be considered for this scholarship: |
|  | A | Personal: | Amount:  |
| B | Other Scholarships: | Amount: |
| C | Student Loans: | Amount: |
| D | Other Financial Resources: | Amount: |
|  | Comments: |
|  |  |
|  |  |

Please list three (3) non-relative professional references:

|  |  |  |
| --- | --- | --- |
| Full Name: |  | Phone: ( ) |
| Company/Profession: |  | Fax: ( ) |
| Address: |  | Email: |
|  |  |  |
| Full Name: |  | Phone: ( ) |
| Company/Profession: |  | Fax: ( ) |
| Address: |  | Email: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Full Name: |  | Phone: ( ) |
| Company/Profession: |  | Fax: ( ) |
| Address: |  | Email: |
|  |  |  |

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship, I understand that any false or misleading information in this application may result in requirement to repay all funds.

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| --- | --- |
| Signature: | Date: |
| Print Name: |  |

Receipt of application and all required information must be post-marked no later than November 20, 2020. Please submit to the following address:

Concerned National Black Nurses Inc.

J. D. Hamilton Nursing Scholarship

P.O. Box 204228

Martinez, GA 30907