

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

May 3, 2022

To: Currently Enrolled Nursing Students

Scholarship Application: 2022

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

The scholarship will be awarded **September 17th, 2022**, at the Annual Scholarship Event. Students may utilize this scholarship award for the Fall or Spring semester of 2022.

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 the deadline. Please make copies if necessary.

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

Contact Persons:
Donna Edwards: islndgrl03@gmail.com
Shanikwa Johnson: nikwajohnson@yahoo.com

Sincerely,

Scholarship Committee

Daytona Beach Black Nurses Association Scholarship Criteria

Applicants must be a member of DBBNA and 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 **August 26th, 2022**. No applications will be accepted after the deadline. Mailing address:

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

Requirements

1. Each applicant must submit a copy of their current nursing program enrollment, an official transcript and one (1) letter of recommendation from a nursing instructor.
2. Each applicant must submit a poster board presentation on one of the following topics, representing the nursing process and prevention:

Diabetes Education

Breaking Mental Health Barriers in Communities of Color

Stroke Prevention

Sexually Transmitted Infection-Importance of safe sex

3. The applicant must participate in our next community event, Juneteenth on June 18th. If the applicant is unable to participate in the event, they must choose another event/audience in the community such as their local church, another organization, high school, etc. to present to, prior to the deadline. Please utilize any community resources such as the local Health Department or clinics for pamphlets or supplies that you would like to hand out, related to your chosen topic. If you have chosen to present at another event/audience in the community, you must notify the scholarship committee of your chosen date, so we can plan to attend.
4. Applicants must submit their applications via email to each member of the scholarship committee. All member names and email addresses are listed above. Applications must be received by the deadline, which is on August 26, 2022. Applications submitted after the deadline will not be considered.

Important dates to remember:

Scholarship application deadline is August 26th, 2022.

Juneteenth Event is June 18th, 2022.

Annual Scholarship Event is September 17th, 2022.

Biographical Information

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

Scholarship Application

Personal Data

Name: _____
Last First MI

Address: _____

City: _____

Phone: _____ Cell Phone: _____

Email Address _____

Education Data:

PLEASE NOTE: Senior students are not eligible

Current School of Nursing: _____

Current Program Enrolled in: _____

Current Semester ADN: (circle one) 1st 2nd 3rd GPA _____

Current Year BSN: (circle one) Sophomore Junior GPA _____

LPN Graduation 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**)

Nursing Faculty Member Recommendation

Name of Faculty Member: _____ Title: _____

College: _____

Please provide a brief recommendation signifying why this student should receive a scholarship from the Daytona Beach Black Nurses Association: _____

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: 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: DBBNA
 P.O. Box 10389
 Daytona Beach, Florida 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



Meetings are currently via Zoom. Check our website for details: <https://dbbna.nursingnetwork.com>