

# The Kent County, Kalamazoo-Muskegon Black Nurses Association (KMMBNA)

## SCHOLARSHIP APPLICATION FORM

Please: Type or Print in Ink. Your data MUST be legible and easily interpreted.

### PERSONAL DATA:

Name: \_\_\_\_\_

First

Middle

Last

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Fax # \_\_\_\_\_ Email \_\_\_\_\_ Cell # \_\_\_\_\_

Current mailing Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Applicant's Place of Employment: \_\_\_\_\_

Applicant's Employer Address: \_\_\_\_\_ Spouse's Name if applicable \_\_\_\_\_

HEAD OF HOUSEHOLD: Father \_\_\_\_\_ Mother \_\_\_\_\_ Self \_\_\_\_\_ Spouse /Other \_\_\_\_\_

OTHERS YOU SUPPORT: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Age \_\_\_\_\_ Place of Employment of Spouse / Other if Applicable \_\_\_\_\_

### LICENSE:

Do you currently hold a Nursing License? RN, LPN/LVN) YES\_\_ NO\_\_ If Yes, License Number \_\_\_\_\_

State \_\_\_\_\_ Anticipate Source of Income, i.e., Work, Family, Scholarship, Grant, Loans, Veterans Benefits,

Etc. List: \_\_\_\_\_

**CURRENT SCHOOL OF NURSING ENROLLMENT:** *If you obtained your generic nursing education from another school, also list your generic school of Nursing:*

Generic School of Nursing \_\_\_\_\_

Name (current school): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Dean/Director \_\_\_\_\_ School Phone No. ( ) \_\_\_\_\_

What level ( 1<sup>st</sup> year, etc) \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Advisor \_\_\_\_\_ Most Recent Grade Point Average (CGPA) \_\_\_\_\_ Date \_\_\_\_\_

### EXTRACURRICULAR / VOLUNTEER COMMUNITY ACTIVITIES (List)

MEMBERSHIP: KMMBNA Member Renewal? YES \_\_\_\_\_ NO \_\_\_\_\_ (Do not send dues if you are a

student without a nursing license ) KMMBNA Student Member? YES\_\_ NO \_\_\_\_\_

Chapter if Applicable \_\_\_\_\_

I hereby affirm that all the information provided is true. Any false statement will forfeit the award. DEADLINE for receipt of application is Monday, April 18, 2016 (Post Office date, no metered mail). NO E-MAILS!!!!

**ENDORSEMENT:** Attach ESSAY of 100 words on "Why you chose to pursue a career in Nursing, or contribution to the Field of Nursing if already a scholarship recipient?"

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(My signature confirms that I have read the guidelines and agree to adhere, otherwise I accept the fact that the scholarship will not be awarded). You may attach a continuation sheet if necessary.

### Submit to:

Shahidah El-Amin, HHP, BS, RN

Scholarship Selection Committee Chairperson

P.O. Box 6001

Grand Rapids, MI 49516-6001

(UPDATED 2-9-2016)