

**Palm Beach County Black Nurses Association (PBCBNA)**

**P.O. Box 17746**

**West Palm Beach, FL 33416**

[**www.pbcbna.org**](http://www.pbcbna.org)

**SCHOLARSHIP APPLICATION**

**Directions: Please print or type the following information**

Date:

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Personal Data:**

 First Name:

Last Name: \_\_

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

City:

State: Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (Home) Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work:

E-mail: \_\_

DOB:

Resident U.S. Citizen \_\_\_

 Professional License Number (if any): \_ Expiration date: \_\_

What nursing degree are you pursuing? LPN: ADN: \_BSN: \_\_\_\_

MSN: Doctorate:

**Professional Organization(s) to which you belong**:

**Community Involvement:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the form above and return to** **info@PBCBNA.org**

**Attn: Scholarship committee**