



SCHOLARSHIP APPLICATION

PURPOSE:

Provide scholarships for students pursuing a nursing career.

CRITERIA

Applicants for the scholarship must:

- ◆ Be enrolled full time in an accredited Program of Nursing
- ◆ Demonstrate academic achievement with a minimum cumulative G.P.A. of 2.5 in undergraduate nursing classes
- ◆ Provide an official transcript
- ◆ Demonstrate leadership ability and community service
- ◆ Demonstrate financial need
- ◆ Letter of references: one from nursing faculty and one from community leader
- ◆ Submit a completed application by **June 5, 2017**
- ◆ Become a member of SNCBNA

NUMBER AND AMOUNT OF AWARDS

The number and amount of awards varies depending on available funds and the discretion of the Scholarship Committee.

SELECTION PROCESS

The Scholarship Committee will make the final selection (s).

Submit completed application with official transcript by **to:**

**Sandhills North Carolina Black Nurses Association
P.O. Box 48614
Cumberland, NC 28331**

SCHOLARSHIP APPLICATION**(Please type or print in ink.)**

Date of Application: _____

Name: _____

Current Address: _____ City: _____

State: _____ Zip Code: _____

Telephone Number: Daytime: _____ Evening: _____

E-Mail Address: _____ Marital Status: _____

Type of Nursing Program: (Please Check)

Associates Degree: _____ Bachelors Degree: _____

Current School of Nursing: _____

Address: _____

Telephone Number: _____ Dean/Director/Chairperson: _____

Classification/Yr. in school: _____

Expected date of graduation: _____

Cumulative GPA: _____ Nursing courses GPA: _____

Attach pages if necessary

1. Briefly describe your leadership abilities and community service/civic involvement. (i.e. organizational activities within your program, student associations, community activities, faith based activities, exceptional clinical/class room performance, conferences, presentations, etc.)
2. Briefly describe your financial need and why you are applying for this scholarship.
3. Write an essay between 500 and 750 words as to why you aspire to be a nurse, and what contributions and implementation strategies do you plan to make to the profession of nursing that will demonstrate advocacy to ensure quality healthcare for persons of color.

All scholarship dollars are to be applied towards the following: Tuition, fees, books, room/board, and educational supplies

Statement of Accuracy

I hereby affirm that all the information stated in this application is true and correct. I understand that confirmation of inaccurate information will disqualify me from receiving a scholarship award. I also understand that scholarship dollars will be used for tuition, fees, books, room/board, and educational supplies.

Furthermore, as a finalist, I will be required to interview with the Scholarship Committee. An additional requirement of SNCBNA is that any recipient of the SNCBNA Scholarship will automatically join the organization if not already a member. The membership fee will be deducted from the scholarship amount.

Applicant Signature_____ Date_____

SANDHILLS NORTH CAROLINA BLACK NURSES ASSOCIATION
Scholarship Application Check List

Please place a check mark in the column next to each statement to ensure that you meet all criteria and all the information needed to complete the application is present. If the “no” box is checked, DO NOT email or mail the application until all required information is available and completed. Incomplete applications will not be reviewed.

Yes No

		A North Carolina resident enrolled in an accredited nursing program full-time
		Demonstrated academic achievement with a minimum cumulative GPA of 2.5 in a nursing courses
		Described leadership ability , community services/civic involvement
		Described financial needs
		State why you are applying for the scholarship
		Provided an official transcript
		Letter of references: one from nursing faculty and one from community leader
		Submit a written typed scholarly double-spaced essay between 500 and 750 words as to why you aspire to be a nurse, and what contributions and implementation strategies do you plan to make to the profession of nursing that will demonstrate advocacy to ensure quality healthcare for persons of color.

Send completed application typed to:

Sandhills North Carolina Black Nurses Association
P.O. Box 48614
Cumberland, NC 28331

Keep this form for your file.