National Black Nurses Day Planning Committee
Application for Scholarship

Name_____
First **Middle** **Last**

Phone_____Fax_____Email_____

Current Address_____

Current School of Nursing Enrollment

Name_____

Address_____

City _____State _____Zip Code_____

Dean/Director(s) _____School phone number_____

Degree _____Expected Graduation Date_____

Community Activities (List services, date, and place)

_____

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Attach recent transcript

Attach two (2) letters of recommendation (one clinical and one personal)

Attach a personal statement in support of your application

I hereby affirm that all the information provided is true, any false statement will forfeit the award

_____

Signature

Please Mail the Application and Supporting Documentations to:
National Black Nurses Day Scholarship Committee
P. O. Box 490693
Chicago, Illinois 60649-0041

12/01/2022 MP