
National Black Nurses Day Planning Committee
Application for the Louise Broadnax Hoskins Scholarship Due February 1, 2024

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)

. 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, and any false statement will forfeit the award

Signature

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