

Suffolk County Black Nurses Association  
2021 Scholarship Application

Please Type or Print clearly in Ink

Name: \_\_\_\_\_  
First Middle Last

Daytime Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Place of Employment: \_\_\_\_\_

Are you a SCBNA Student Member: Yes ☐ No ☐ If Yes, Year joined: \_\_\_\_\_

SCBNA Membership Number: \_\_\_\_\_

Do you currently hold a Nursing License? Yes ☐ No ☐

If Yes: License Number: \_\_\_\_\_ State: \_\_\_\_\_

**Current School of Nursing Enrollment:***(School listed below is where your official transcript should be mailed from)*

Name \_\_\_\_\_

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

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

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

Email Address \_\_\_\_\_

Student ID #: \_\_\_\_\_

Bursar/Financial Office #: \_\_\_\_\_

Type of Nursing Degree Program – **Choose One:** Associate ☐ Bachelors ☐  
 Masters ☐ Doctorate ☐

Expected Graduation Date (Month/Year): \_\_\_\_\_ Advisor: \_\_\_\_\_

Extracurricular/Community Activities (List): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Statement Essay Instructions (REQUIRED)**

Each applicant must submit a personal statement essay of 250-500 words responding to the following questions:

1. How will your role as a registered nurse impact the nursing profession?
2. Where do you see yourself 5 years from now, and how will you facilitate this achievement?
3. Which life experiences have shaped you into who you are today?
4. What challenges have you overcome to achieve your education?

- I hereby affirm that all the information provided is complete and true. Any false statement(s) will make my application null and void.
- I consent to publish photograph in SCBNA publications and/or SCBNA website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[You may attach a continuation sheet if necessary]*

**General Instructions – Follow all instructions for preparation and submission of your application**

**The following is required for submission**

1. A completed application form.
2. Two letters of recommendation. One professional from applicant's school of nursing or employer and one personal from a nurse in the area or politician or religious leader.
3. A copy of your current resume or CV (5 pages max)
4. Personal statement essay(500-words maximum)
5. Proof of enrollment in spring 2022 semester.

**Application submission Instructions**

Applications and supporting materials will **ONLY** be accepted electronically

Assemble the following materials and save as **one pdf file** (Only pdf files will be accepted) with this file name

FORMAT: (Your Last name – Scholarship Application), **Ex – Smith-Scholarship Application**

1. Completed application form
2. Two letters of recommendation
3. Resume or CV
4. Personal statement
5. Proof of enrollment Spring 2021 semester (Bursar bill).

Submit the **pdf file** via email using the same file name in the Subject to: [suffolkcountybna@hotmail.com](mailto:suffolkcountybna@hotmail.com)

Submit your high-resolution head shot photo to the same email address.

**Submission of your official school Transcript (Must be received by October 1<sup>st</sup>, 2021)**

**Have your school mail your official transcript directly to:**

***SUFFOLK COUNTY BLACK NURSES ASSOCIATION***

*Attn: SCBNA Scholarship Committee*

*P.O. Box 541*

*Ridge, New York 11961*

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION AS INDICATED**

**ABOVE MUST BE RECEIVED VIA EMAIL BY CLOSE OF**

**BUSINESS AT 5:00 PM (EST) ON OR BEFORE October 1<sup>st</sup>, 2021.**

**QUESTIONS:** Please direct all questions to the SCBNA Scholarship Committee via email at:

[suffolkcountybna@hotmail.com](mailto:suffolkcountybna@hotmail.com)

