

MID-STATE BLACK NURSES ASSOCIATION OF NEW JERSEY
SCHOLARSHIP APPLICATION

(Please type or print)

Name _____

Date of Application _____ Date of Birth _____

Current Address _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Daytime: _____ Evening: _____

E-mail: _____ Marital Status _____

Employment:

Company Name _____ Address _____

Type of Nursing Program: (Please Check)

LPN: _____ Diploma: _____ Associate Degree: _____ Bachelors: _____

Current School of Nursing: _____

Address: _____

Telephone Number: _____

Classification/Yr. In School: _____

Expected Date of Graduation: _____

Future Goals in Nursing: _____

Honors/Awards received: _____

Membership in Nursing/Community Organizations: _____

Date _____

Signature _____

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SCHOLARSHIP APPLICATION**

CRITERIA:

Applicants for the scholarship must:

- Be enrolled in an accredited Program of Nursing
- Demonstrate academic achievement with a minimum cumulative G.P.A. of 3.0 in a nursing curriculum
- Demonstrate leadership ability and community service
- Provide an official transcript. Your application **will not be considered** without the official transcript.
- Provide 2 letters of recommendation from nursing faculty members at the school you are attending
- Submit a one-two paged essay addressing the following: 1. Describe your leadership roles and community service involvement; 2. How can you (as a nurse) impact upon improving the health status and or social conditions of African Americans?
- Submit a brief essay demonstrating financial need
- Submit a small recent photograph
- Submit the completed application by **November 23, 2020**

Number and Amounts of Awards

The number and amount of the scholarship award is dependent on available funds.

Selection Process

The scholarship committee will make the final selection(s)

Please read and sign:

An expectation of the organization is that the recipient of the MSBNA Scholarship will be present at the chapter's December Zoom meeting.

I am willing to appear for a personal interview as a requirement for consideration for this scholarship if required.

I have requested an **OFFICIAL** transcript as required.

Date

Signature

Application and related materials should be mailed to:

**Darlene Kornegay
MSBNA- Scholarship Committee
1078 Oakcroft Lane
Somerset, New Jersey 08873**

**Mid-State Black Nurses Association of New Jersey
Scholarship Committee
P.O. Box 5117
Somerset, New Jersey 08873**

October 10, 2020

Dear

The Mid- State Black Nurses Association of New Jersey is offering scholarships to outstanding minority students enrolled in an accredited school of nursing.

Students interested in applying for the scholarship should rank within the top third of their class or have a G.P.A of 3.0 or above in the nursing curriculum.

Attached you will find the scholarship application as well as the criteria for the scholarship award.

Completed applications must be received by the committee no later than **November 23, 2020**
Completed application and related materials should be mailed to:

Darlene Kornegay
Mid-State Black Nurses Association of NJ
Scholarship Committee
1078 Oakcroft Lane
Somerset, New Jersey 08873

We appreciate your assistance in disseminating this information to eligible students.

Sincerely,
Darlene Kornegay
Scholarship Committee
dkornega5@msn.com
732-937-8018

