

Concerned Black Nurses of Newark, Inc.

A Chapter of National Black Nurses Association, Inc.

P.O. Box 8451

Newark, New Jersey 07103

973-809-7793

973-698-2495

973 641-1118

TO: Scholarship Applicants

FROM: Concerned Black Nurses of Newark, Inc., Scholarship Committee

SUBJECT: Scholarship Applications

DATE: January 23,2025

Please find enclosed the scholarship application for the Concerned Black Nurses of Newark, Inc.
Please complete and forward the application to:

Concerned Black Nurses of Newark, Inc.

P.O. Box 8451

Newark, New Jersey 07103

Attn: Scholarship Committee Chairperson

Applications are to be submitted and received for consideration no later than
April 15, 2025.

Sincerely,

Banita Herndon, BSN, RN

President

Lynda Arnold Davis MHA, RN, NE-BC

Scholarship Chairperson

Dr. Lois Greene, DHA, MBA, BSN, RN

Scholarship Co- Chairperson

Enclosure

Concerned Black Nurses of Newark, Inc.

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Scholarship Award Application

(Please print or type all information legibly)

Name _____
Last First Middle

Address _____
Number Street Apt#

City State Zip Telephone

Personal _____

E-Mail Address _____

School _____

E-Mail Address _____

Date of Birth _____ Gender _____ Social Security # _____

Annual Income _____

Parent/Guardian/Spouse _____

Parent/Guardian/Spouse Annual Income _____

High School or School of Nursing _____

SAT Scores - Verbal _____ SAT Scores - Math _____ GRE _____

MAT _____

GPA _____ Date of Anticipated Graduation _____

List any awards or honors you have received in school or community activities you are involved in.

Signature of Student _____ Date _____

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To Applicant:

Please feel free to submit any other pertinent information you feel would be helpful to the Concerned Black Nurses of Newark, Inc. in its decision regarding your application.

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Notes to High School Students:

1. Please provide an official copy of your High School's transcript (with official seal).
2. A copy of your acceptance letter to a School of Nursing Program
3. One (1) letter of recommendation from a faculty member.

Notes to Current Nursing Students:

1. Please provide an official copy of your Nursing School/College/University transcript (with official seal).
2. One (1) letter of recommendation from a faculty member.

This Scholarship is open to prospective and current nursing students of **AFRICAN AMERICAN DESCENT**.

Awarding of the scholarship includes the student membership fee for one year. This includes, but is not limited to, attending meetings and participating in organizational functions. You are required to participate on at least one committee to fulfill your community and organizational obligations. You are required to renew your membership for the next year after receiving the scholarship.

Volunteerism is very important to CBNN. Upon presentation of the award, the recipient is asked to make a 2 -minute acceptance speech. The awardees must attend the scholarship luncheon on May 18, 2024 to receive the award.

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Name: _____ Date: _____

PERSONAL PHILOSOPHY ABOUT NURSING / HEALTH CARE _____

WHAT THIS AWARD WILL MEAN TO YOU AS A STUDENT NURSE _____

FUTURE GOALS IN NURSING _____

Please use additional paper if necessary.