

***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:** February 12, 2026

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 3, 2026.**

Sincerely,

Banita Herndon, BSN, RN  
President

Lynda Arnold Davis, MHA, RN, NE-BC  
Scholarship Chairperson

Lois Greene, DHA, MBA, RN, NEA-BC  
Scholarship Co-Chairperson

Enclosure

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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 two- minute acceptance speech. The awardees' must attend the scholarship luncheon on May 9, 2026 to receive the award.

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

PERSONAL PHILOSOPHY ABOUT NURSING / HEALTH CARE \_\_\_\_\_

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WHAT THIS AWARD WILL MEAN TO YOU AS A STUDENT NURSE \_\_\_\_\_

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FUTURE GOALS IN NURSING \_\_\_\_\_

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Please use additional paper if necessary. Please print or type.