



*P.O. BOX 88399*

*Los Angeles, CA.90009*

*Phone: 1-213-892-6986 • Fax 1-323-778-9835*

## February 10, 2019

Directors of Nursing

Directors of Nursing Education Programs CBN Scholarship Committee

RE: COUNCIL OF BLACK NURSES, LOS ANGELES, INC.

ANNUAL SCHOLARSHIP

Dear Nursing Colleagues:

Applications are now being accepted for the Council of Black Nurses, Los Angeles, Inc, Nursing Scholarships. An application packet for the scholarship is attached for your convenience. Disseminate the attached information to your nursing students and encourage them to apply by **May 5, 2019.**

The following criteria **MUST** be met by **ALL** applicants

1. Enrolled in an accredited ADN, ADN to BSN, BSN, MSN, DNP, PHD Program
2. Completed at least one semester/quarter of nursing courses in an accredited nursing program.
3. Not enrolled in the last quarter or semester of the program
4. Passing all courses as required by the college or university
5. Demonstrate financial need
6. Involvement in service programs for the African American Community
7. Three letters of recommendation
8. Current official transcript from last semester/quarter
9. The Report of Work in Progress Form completed and signed by the instructor of each course.
10. A personal profile
11. **Camera Ready** Photograph (**Professional** for placing in Souvenir Booklet)

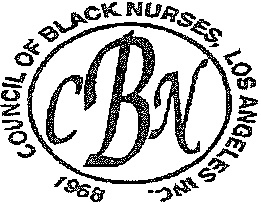
## Please **E-Mail** all completed applications *to* the address below

## [**Barbaracollier650@gmail.com**](mailto:Barbaracollier650@gmail.com)

## **ATTENTION:** Council of Black Nurses, Los Angeles, Inc.

## Scholarship Committee

## **PLEASE:** Call (213) 760-7830 for questions or clarification

Welcome to the Council of Black Nurses Scholarship Program. Please read the following information and follow **the instructions as indicated**.



* + 1. Enrolled in an accredited BSN, ADN to BSN, MSN, DNP or PHD Program.
    2. Completed at least one semester/quarter of nursing courses in an accredited nursing program. **Applicants must not be in the last quarter or semester of the program.**

3. Passing all courses as required by the college or university.

4. Demonstrate financial need.

5. Currently involved or have been involved in service to the African American Community, (i.e., health fairs, church activities, senior center volunteers, etc.}.

THE FOLLOWING ITEMS MUST BE COMPLETED  OR  AND RETURNED BY

May 5, 2019.

1. Completed application.
2. Official transcript from previous semester/quarter.
3. The Report of Work in Progress Form completed and signed by the instructor of each course.
4. Three letters of recommendation. **One from a nursing faculty member, one from a community organization which you are or have been involved and one personal reference.**
5. A personal profile about yourself, including long and short -t erm goals and a statement of why you should be a recipient of the scholarship.
6. **Camera Ready** Photograph 3X5 (**Professional).**

**THE SCHOLARSHI P APPLICATION AND WORK IN PROGRESS FORMS ARE ATTACHED**.

All OF THE ABOVE DOCUMENTS MUST BE SUBMITTED I N ORDER TO Q U A L I F Y

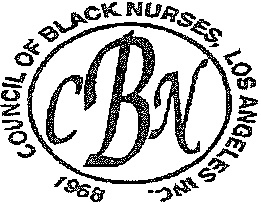
Please **E-mail Documents to:**

[**Barbaracollier650@gmail.com**](mailto:Barbaracollier650@gmail.com)

## **ATTENTION:** Council of Black Nurses, Los Angeles, Inc.

## Scholarship Committee

## **PLEASE:** Call (213) 760-7830 for questions or clarification

 **CBN, Los Angeles Scholarship Application**

**Please Type or Print Legibly in INK.**

1. **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Zip Code

State

City

Street

1. **Telephone #: ( ) \_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mobil

DAY

1. **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status: S \_\_ M \_\_ D \_\_ W \_\_**
2. **Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

1. **Type of Nursing Program: ADN, BSN, ADN to BSN, MSN, DNP or PHD**

**Present Semester/Quarter: 1st \_\_\_, 2nd \_\_\_, 3rd \_\_\_, 4th \_\_\_, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Enrollement: \_\_\_\_\_\_\_\_\_\_\_ Expected Graduation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Estimate of financial need per semester/quarter: Tuition \_\_\_\_\_\_\_ Books\_\_\_\_\_\_\_\_**
2. **Are you receiving financial aid: YES \_\_\_\_ or NO \_\_\_\_**

**If yes what is the amount of financial aid you are receiving per semester/quarter?**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Are you receiving money from student loans?: YES \_\_\_\_ or NO \_\_\_\_**

**If yes what is the amount student loan you are receiving per semester/quarter?**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



COUNCIL OF BLACK NURSES SCHOLARSHIP APPLICATION

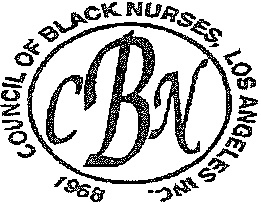
COMMUNITY SERVICE

Please list all community, civic, religious, professional activities which you are involved or have been

Involved in (including the African American Community).

List names and telephone numbers of agencies or persons to contact at each agency.

Please use additional paper as necessary.



LAST NAME FIRST \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_

NAME of COLLEGE/UNIVERSITY ------------

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Name/Description** | **Units** | **Grade** | **Instructor’s Signature** |
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