SCHOLARSHIP AWARD

Attention Students & Advisors

A SCHOLARSHIP OPPORTUNITY

Sponsored by
The Cleveland Council of Black Nurses, Inc.

A Chapter of the National Black Nurses Association, Inc.
8630 Fenton Street, Suite 330
Silver Springs, MD  20910

Open to young ladies and men who are attending or plan to attend an accredited nursing school in the Fall of 2015.

Applications are now available. Check with your guidance counselor, instructor, or advisor.

Send your application to:

The Cleveland Council of Black Nurses, Inc.
P.O. Box 221066
Cleveland, Ohio  44122
Phone: (216) 556-0600

Attention: Nancy Crawford, MSN, RN
nvcrawford@yahoo.com
Scholarship Committee Chair

Peter S. Jones RN, MSN, MBA
President, Cleveland Council of Black Nurses, Inc.
CCBN Scholarship Committee
POSTMARK DEADLINE FOR APPLICATION: May 31, 2015

ELIGIBILITY REQUIREMENTS:

1. Candidate is currently enrolled in or has been accepted in an accredited nursing program: RN, LPN/LVN, Diploma, AD, BSN, and in good standing at the time of application.

APPLICATION PROCEDURE:

1. All applications and supporting recommendations must be postmarked by: May 31, 2015

2. The application form must be accompanied by the following:
   a.) Official transcript from school of nursing or high school.
   b.) Two letters of recommendation:
      One letter from a community leader or CCBN member
      One letter from the school of nursing or high school
   c.) A typed essay of fifty words or more addressing the applicant’s future goals in nursing, personal qualifications, and need for the reward.

3. The scholarship committee will notify winning applicants by the telephone number/email provided on the application. Completed applications must include pages 1, 2, and 3. A non-response may result in a recall of an awarded scholarship. Scholarship winners or their representative are expected to attend the Annual Cleveland Council of Black Nurses Luncheon.

Please mail completed package to:

Cleveland Council of Black Nurses, Inc.
Attn: Nancy Crawford
P.O. Box 221066
Cleveland, OH 44122
Phone: (216) 556-0600

For more information contact Nancy Crawford at nvcrawford@yahoo.com

EVALUATIVE CRITERIA:

1. GPA of 2.5 or above
2. Two letters of recommendation
3. A typed essay of fifty (50) words or more.
APPLICATION FOR SCHOLARSHIP
(Please Type or Print in Ink)

1. Name ________________________________________   Sex _____ Marital Status ________
   Last                                      First                                    Middle/Maiden

2. Current Address____________________________________________________________________________
   Street                                                 City                                     State                                           Zip

3. Telephone _______________________________  Email Address ____________________________________

4. Head of Household:  Father_____________  Mother ______________  Self ___________  Other ___________

5. List below those who receive support from the head of household:

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<th>NAME</th>
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6. List any professional license (s) ________________________________________________________________

7. Current School of Nursing Enrollment

   Name ____________________________________________________________
   Address ________________________________________________________
   Classification ________________________________________ Dean/Director _______________________________
APPLICATION FOR SCHOLARSHIP
(Must be typed)

ESSAY
(50 words or more)

I pledge to become a member of the Cleveland Council of Black Nurses, Inc. _________________________________

Signature

(This application may be duplicated)