



COUNCIL OF BLACK NURSES, LOS ANGELES, INC.

SCHOLARSHIP PROGRAM

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

APPLICANTS MUST MEET THE FOLLOWING CRITERIA:

1. Enrolled in an accredited BSN, ADN, ADN to BSN, or MSN program.
2. Completed at least one semester/quarter of the program during which nursing courses are taken. 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).

SCHOLARSHIP AWARDS RANGE FROM \$1000 -- \$1500.

THE FOLLOWING ITEMS MUST BE COMPLETED (TYPED OR PRINTED) AND RETURNED BY MAY 10th OF EACH YEAR.

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. (This form and application follow this page).
4. Three letters of recommendation with one from a nursing faculty member, one from a community organization in which you are or have been involved and one personal reference.
5. A personal profile about yourself, long and short term goals and a statement of why you should be a recipient of the scholarship award.
6. PLEASE GO TO THE COUNCIL OF BLACK NURSES' WEBSITE (CBNLOSANGELES.ORG) AND DOWNLOAD THE SCHOLARSHIP APPLICATION AND WORK IN PROGRESS FORM.

ALL OF THE ABOVE DOCUMENTS MUST BE SUBMITTED TO QUALIFY

Mail documents to:

Scholarship Committee
Council of Black Nurses, Los Angeles, Inc.
P.O. Box 88399
Los Angeles, Ca. 90009
Call 213-892-6939 for questions or clarification.



CBN SCHOLARSHIP APPLICATION

Please Type or Print legibly in ink

1. Name _____
FIRST MI LAST

2. Address _____
STREET CITY STATE ZIP CODE

3. Telephone# () _____ () _____ E-MAIL _____
DAY EVENING

4. Date of Birth _____ Marital S _ M _ D _ W _

5. Place Of Employment _____

6. School Of Nursing _____

Address City State Zip Code

7. Type of Nursing Program: ADN ___ BSN ___ ADN TO BSN ___ MSN ___

PRESENT SEMESTER/QUARTER 1ST ___ 2ND ___ 3RD ___ 4TH ___

Date of Enrollment _____ Expected Graduation Date _____

8. Estimate of financial need per semester/quarter: Tuition _____ Books _____

9. Are you receiving financial aid: Yes _____ No _____

If yes, what is the amount of financial aid you are receiving per semester
Quarter? _____

10. Are you receiving money from student loans? Yes _____ No _____

If yes, how much per semester/quarter? _____

11. List all community, civic, religious, and professional activities in which you are involved or have been involved. Include names of agencies and list name and telephone number of a contact at each agency. Please use additional pages as necessary.

