



MILWAUKEE CHAPTER  
National Black Nurses Association, Inc.  
P.O. Box 16649  
Milwaukee, WI 53216-0649  
[WWW.mcnbna.org](http://WWW.mcnbna.org)

**Milwaukee Chapter National Black Nurses Association  
2010 Nursing Scholarship Application**

The Nursing Scholarship Fund was created by the Milwaukee Chapter National Black Nurses Association to encourage, promote, and support Black individuals to pursue a nursing career.

**INSTRUCTIONS**

1. Applications are due on or before July 31, 2010
2. Complete this application in full and submit your portfolio including the following items.
  - Submit a copy of your official school transcript.
  - Two letters of support from your college/university school of nursing. The letters should come from an instructor, faculty professor, or advisor, on the schools letterhead.
  - Please also submit a summary of your community and volunteer activities you are currently a part of or involved.

**CRITERIA**

- Must be accepted in a school/college of nursing
- Cumulative GPA of 2.5 or its equivalent for undergraduate student
- Cumulative GPA of 3.0 or its equivalent for graduate student.
- Willing to become an active member of the MCNBNA.

**REAPPLYING APPLICANTS:** Reapplying scholarship recipients must be current active members of MCNBNA. Please complete the application and include: a current transcript, two current letters of recommendation and a summary of past years activity with MCNBNA since receipt of the previous scholarship(s).

**PLEASE PRINT OR TYPE**

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ Pager Number (\_\_\_\_) \_\_\_\_\_



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## MCNBNA-Scholarship “ 2010”

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### Current School of Nursing Enrollment:

Name of College \_\_\_\_\_

College Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Telephone \_\_\_\_\_

### Current grade level during the 2008- 2009 academic year (check one)

Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_

Fifth year senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Expected date of graduation from a nursing program: \_\_\_\_\_

Expected degree :( LPN ADN BSN MSN PhD) \_\_\_\_\_

Current GPA (Grade Point Average): \_\_\_\_\_ On a Scale of: \_\_\_\_\_

### Essay (Typed in 12 point Font, doubled-spaced)

#### Undergraduate Students:

On a separate sheet of paper, write an essay which reflects one of the health issues listed on the Health People 2010 guidelines and how you can effectively implement changes related to this issue in your community in the future as a Registered Nurse. If you are reapplying for a scholarship please select a different topic to focus your essay question on for this years application.

#### Graduate Student/Licensed Nurses:

On a separate sheet of paper, please explain in 300 words or less how will you use your advanced degree to influences and/or create change in the nursing profession and your community.

### Application Review, Notification of and Awarding of Scholarships:

The review of all scholarship applications will take place June- August while the chapter is on summer break. The notification of scholarship award will take place in the fall when the chapter resumes it's meetings for the year. Awarding of Scholarships will take place during a luncheon at the Italian Community Center, Friday November 19, 2010.



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**Applicant Agreement (Please read carefully before signing)**

If awarded a scholarship, I agree to:

- Be an active member of the Milwaukee Chapter National Black Nurses Association.
- Keep the chapter MCNBNA informed of my status/standing in school each semester until completion of my program.

Applicant's Signature:

\_\_\_\_\_

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

Mail completed applications to:  
Milwaukee Chapter, National Black Nurses Association, Inc.  
Attention: Scholarship Chairperson/Committee  
P.O. Box 16649  
Milwaukee, WI 53216-0649