



Cleveland Council of Black Nurses, Inc

P. O. Box 221066 Cleveland, OH 44122 (Phone 216-556-0600)

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



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P. O. Box 221066 Cleveland, OH 44122 (Phone 216-556-0600)

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.



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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:

NAME	RELATIONSHIP	AGE	SCHOOL/PLACE OF EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List any professional license (s) _____

7. Current School of Nursing Enrollment

Name _____

Address _____

Classification _____ Dean/Director _____



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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)