



## Capitol City Black Nurses Association 2022 Student Scholarship Application

**Please Type or Print Clearly in Ink**

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a current member of CCBNA? Yes \_\_\_\_\_ No: \_\_\_\_\_

Do you currently hold a nursing license? Yes \_\_\_\_\_ No: \_\_\_\_\_

If Yes: License Number \_\_\_\_\_ State: \_\_\_\_\_ Years Active: \_\_\_\_\_

Name of Nursing School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree upon completion: \_\_\_\_\_

### **Personal Statement Instructions (REQUIRED)**

Each applicant is required to submit a personal statement of 750 words maximum responding to the following statement: ***"A CCBNA Scholarship will allow me to..."*** Statement should include candidates biography, nursing career achievements and their vision/goals.

- **I hereby affirm that all information provided in preparation of this application is full and true. Any false statement(s) can automatically make application null and void**
- **Consent/willingness to publish applicant photograph in CCBNA publications, Social Media & website**

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



[Further instructions on next page]

## **General Instructions- Follow all instructions in preparation and submission of your application**

### **The following is required in order for submission to be considered in full:**

1. A completed application form
2. One letter of recommendation from current Nursing School Faculty. Letter should attest to applicant's involvement in activities specific to the mission and vision of CCBNA.
3. One official copy of your current school transcript (mailed directly to CCBNA)
4. A copy of your current resume or CV (5 pages maximum)
5. Personal Statement (750 word maximum)

### **Application Submission Instructions**

Applications and supporting materials will be accepted electronically or by mail.

If electronic: Assemble the following materials and save as one pdf file (Only pdf files will be accepted) with this file name FORMAT: (Your Last name – Scholarship Application), Ex – **Smith-Scholarship Application**

1. Completed application form
2. One letters of recommendation
3. One copy of your resume or CV
4. Personal statement

Submit the pdf file via email using the same file name in the Subject to: [capitolcitybna@gmail.com](mailto:capitolcitybna@gmail.com)

By mail: **Official Transcript** and completed application submission can be mailed to:

**CCBNA Scholarship Committee  
P.O. Box 160494  
Sacramento, CA 95816**

Completed applications must be postmarked no later than **August 26, 2022**. If chosen as scholarship finalist, you will be contacted to coordinate a final interview with Scholarship Committee. Candidates are chosen based on quality of participation in CCBNA events, merit, and other community outreach endeavors. Selection is based on fund availability and number of submissions received. Those awarded are expected to attend Scholarship Ceremony on September 23<sup>rd</sup> in Sacramento, CA Call (916) 248-0853 with any questions.