



**Capitol City Black Nurses Association 2023 Dr. Kupiri Ackerman-  
Barger 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: “***My research aligns with the mission and vision of CCBNA in the following ways...***” Statement should include candidates biography, nursing career achievements and their plan for dissemination/implementation of current research.

- **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/Colleague. Letter should discuss in detail the applicant's research being conducted and why this person is deserving of the scholarship.
3. One official copy of your current school transcript (mailed directly to CCBNA), or proof of institution.
4. A copy of your current resume or CV (5 pages maximum)
5. Abstract
6. Personal Statement (750 word maximum)

**Abstract Instructions**

The body of the abstract must include a statement of objectives, a brief description of the project or program in the form of a method or design section and findings with implications to nursing practice and the needs of consumers. The abstract should not exceed one page in length.

**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
5. Abstract

Submit the pdf file via email using the same file name in the Subject to: [capitolcitybna@gmail.com](mailto:capitolcitybna@gmail.com)  
By mail: 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<sup>th</sup>, 2023. 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 22<sup>nd</sup> in Sacramento, CA. Call (916) 248-0853 with any questions.