

# Capitol City Black Nurses Association 2023 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 CCBN.	A? Yes No:			
Do you currently hold a nursing licer	nse? Yes No:			
If Yes: License Number		_ State:	Years Active:	
Name of Nursing School:				
Graduation Date:	Degree upo	Degree upon completion:		
Personal Statement Instruction  Each applicant is required to some sponding to the following statement should include candidates biography  I hereby affirm that all informati Any false statement(s) can autom  Consent/willingness to publish ap website	ubmit a personal statement: "A CCBNA Schola, nursing career achieven provided in preparate attically make application	rship will a rements and ion of this ap n null and vo	allow me to" Statement their vision/goals. oplication is full and true. bid	
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

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**, 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.