

Documents related to completing the Black Nurses Rock! Ocala, FL Nursing Student Scholarship Application

In order to be considered for the Black Nurses Rock! Ocala, FL Chapter Scholarship Program, you will need to complete an application. To assist you, we have compiled a list of the information that you will need to complete the application. Please review the scholarship application carefully. Remember to submit **ALL** requested documents with your application.

-Completed application submitted by email to bnrocalascholarship@gmail.com. Incomplete applications will not be reviewed by the scholarship committee.

-Transcripts must be (e)mailed directly by the school or in an envelope signed and sealed by a school official. Transcripts must be mailed to BNR Ocala, PO Box 5545, Ocala, FL 34478. Transcripts may also be sent electronically by the school to bnrocalascholarship@gmail.com.

-Submit a two page typed 12 point font sized, 1" margins and double-spaced essay. Essay must address your ideas of what you can do as an individual nurse to improve the health status and/or social condition of African Americans and a statement about your future goals in nursing.

-Current professional photo (headshot). Recipients consent to the publication and public distribution, including through news media and websites, of the announcement of scholarship funding (including digital photos), either as part of the awards promotional activities or for other educational purposes.

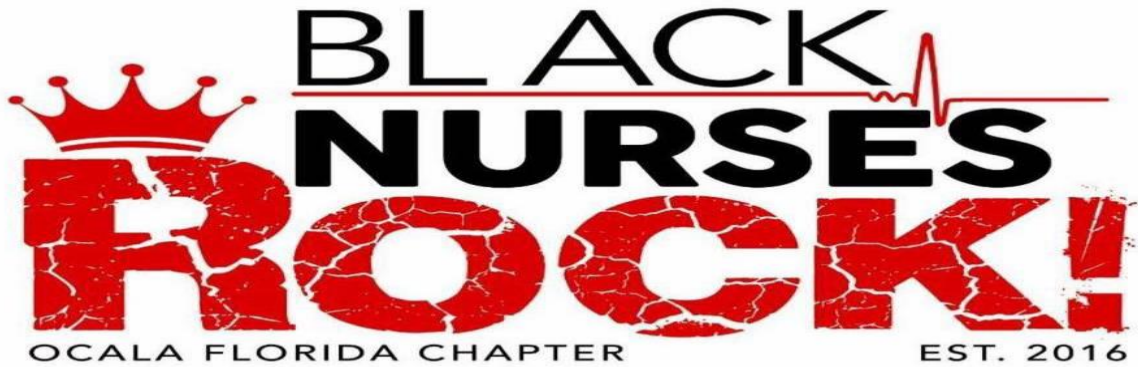
-Must have completed at least one semester in school and have at least one semester remaining in school. Must be a nationally accredited school of nursing.

-One letter of recommendation (From applicant's school of nursing or from a nurse in the community). Letter must address your academic aptitude, scholarship, and seriousness of

purpose, and/or your clinical expertise. Letter MAY NOT be from a current BNRO board member or scholarship committee member.

-Validation of Marion County residency. Attach a copy of current driver's license or voter registration card.

-GPA of 2.5 for undergraduate studies and 3.0 for graduate level studies.



Nursing Student Scholarship Application

Name _____

Daytime Phone #: _____ Email: _____

Current Address: _____

Date you became a Marion County Resident _____

Current School of Nursing Enrollment:

Name _____

Address: _____

City _____ State _____ Zip Code _____

Dean/Director _____ School Phone # _____

Type of Nursing Program (Circle One) LPN RN BSN Master's DNP/PhD

Beginning Date _____ Expected Graduation Date _____

Current GPA _____ Advisor _____

Professional Activities: List professional organizations of which you are currently a member, any offices held, and extent of your involvement.

Organization	Office	Involvement

List honor societies, civic organizations, or charitable/community groups of which you are currently a member, any offices held, and extent of your involvement.

Organization	Office	Involvement

You are requested to make a copy of this application and references for your records. The original and all supporting documents are to become the property of Black Nurses Rock! Ocala, FL Chapter and are not returnable. If additional space is necessary to answer any of the questions, please feel free to add pages.

It is the responsibility of the applicant to be sure that current transcripts are delivered to Black Nurses Rock! Ocala, FL Chapter or your packet will be considered incomplete and ineligible for review.

Once you send your application packet, you will receive a confirmation email of receipt from Black Nurses Rock! Ocala, FL Chapter Scholarship Committee. Please keep this receipt for your records.