



Black Nurses Rock! Ocala, FL Chapter is pleased to announce another scholarship opportunity. The scholarship is from a private donor and administered through BNRO. Details are below:

**Scholarship name:** THOPE Nursing Scholarship (To Help Others Push forward and Empower)

**Scholarship Criteria:** To be eligible a student must be accepted and/or be enrolled in a school of nursing. Documentation must be provided (fee bill or copy of current class schedule).

- A. African American single mother between the ages of 23 – 35.
- B. Submit an essay (500 words minimum) on **one** of the following topics:
  - 1. Discuss a strong female role model in your life.
  - 2. Discuss a female that inspires you.
- C. The recipient must reside within Marion County, FL.
- D. Have a minimum GPA of 2.0.

**Amount awarded:** \$500 cashier's check

**Renewal Process:** Previous scholarship recipients cannot re-apply

**\*\*The scholarship funds may be used for tuition, special college fees, or other expenses directly related to the Nursing program.**

Applications and supporting documentation MUST be  
emailed to [bnrocalascholarship@gmail.com](mailto:bnrocalascholarship@gmail.com).

# BNR – Scholarship Application

## THOPE Nursing Scholarship

I, \_\_\_\_\_ have read and understand the criteria for the THOPE Nursing Scholarship. I affirm that I am pursuing a degree in the field of Nursing. I affirm that the information contained herein is true and accurate to the best of my knowledge and belief.

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

Legal name in full:

\_\_\_\_\_

Last	First	Middle
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Date of birth: \_\_\_\_\_

Contact Information:

Address \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

Are there any special circumstances that should be considered in deciding if you receive this scholarship? If you circled yes, please briefly explain.

Yes – Family situation   Disability/Illness   Other   No

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Pursing a degree from: \_\_\_\_\_

Essay

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