

THE CONCERNED BLACK NURSES OF CENTRAL NEW JERSEY, INC.

A CHAPTER OF THE NATIONAL BLACK NURSES ASSOCIATION INC.

P.O. Box 841
Neptune, NJ 07754
Chapter 61
cbncnj.com

SCHOLARSHIP APPLICATION

The Concerned Black Nurses of Central New Jersey (CBNCNJ) offers Scholarships to eligible Nursing Students residing in Monmouth or Ocean County.

CRITERIA

Must

- *Reside in Monmouth or Ocean County
- *Have a GPA of 2.7 in Nursing
- *Be enrolled in an accredited Program of Nursing
- *Demonstrate leadership ability and community service
- *Demonstrate financial need
- *Be available for interview by the Nominating Committee

NUMBER AND AMOUNT OF AWARDS

The number and amount of awards varies depending upon available funds and the discretion of the Scholarship Committee.

SELECTION PROCESS

The Scholarship Committee will make the final selection after reviewing all applications. Applicants will be notified by the committee chair regarding their approval or denial.

Applicants must submit completed application including:

- *Official transcript
- *Two letters of recommendation (One professional letter is required)
- *Brief essay describing leadership abilities and community service
- *Brief essay describing financial need
- *Brief description of why you are applying for this scholarship by

September 30, annually

Mail to:

CBNCNJ
Attn: Scholarship Committee Chair
P.O. Box 841
Neptune, NJ 07754

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SCHOLARSHIP APPLICATION

Please type or print in ink.

NAME _____

Address, City, State, Zip

Telephone Numbers: Daytime: _____ Evening _____

E-Mail _____ Marital status: _____

Employed: Yes No If yes: Company Name: _____

Type of Nursing Program: (Please circle)

Associate Degree Bachelor Degree Diploma LPN

Current School of Nursing: _____

Address: _____

Web Address: _____

E-Mail Address: Dean/Director/Chairperson:

College/School Classification/Year e.g. Freshman:

Expected date of graduation: _____

Cumulative GPA _____ *Attach official copy of transcript

Unofficial transcripts with program DIRECTOR OR COUNSELOR signature will be accepted.

SIGNATURE _____ DATE _____

**As part of the CBNCNJ Scholarship,
You are expected and welcomed to attend scheduled meetings as a student.**