

CONCERNED BLACK NURSES OF CENTRAL NEW JERSEY
Scholarship Committee
PO Box 841 Neptune, New Jersey 07753

Dear School of Nursing:

The Concerned Black Nurses of Central New Jersey is offering scholarships to outstanding students, enrolled in an accredited school of nursing. Students interested in applying for the scholarship should rank within the top third of their class or have a GPA of 3.0 or above in the nursing curriculum.

Attached, you will find the scholarship application, as well as the criteria for the scholarship award. Completed applications must be received and POSTMARKED no later than August 25, 2023. Late or incomplete applications will not be eligible for scholarship. Complete applications and related materials should be mailed to: Victoria Law-Wright Scholarship Committee Chair Concerned Black Nurses of Central New Jersey PO Box 841 Neptune, New Jersey 07753.

We appreciate your assistance in disseminating this information to eligible students.

Sincerely, Victoria Law-wright, Josephine Holland, and Terri Ivory and Edith (Scholarship Committee).

Concerned Black Nurses of Central New Jersey Scholarship Criteria

Applicants for the scholarship must:

- Be enrolled in an accredited program of Nursing.
- Process a minimum cumulative GPA of 3.0 in a nursing curriculum.
- Provide an official transcript. Your application will not be considered without the official transcript.
- Provide 2 letters of recommendation from nursing faculty members at the school you are attending.
- Submit a 1–2-page essay addressing the following:
 - Describe your leadership roles and community service involvement.
 - How can you (as a nurse) impact upon improving the health status and or social conditions in our communities?
 - Submit a brief essay demonstrating financial need.
 - Submit a small recent color photograph.
 - Submit the completed application, Postmarked no later than August 25, 2023.

Number and Amounts of Awards

The number and amount of the scholarship award is dependent on available funds.

Selection Process

The scholarship committee will make the final selection(s).

Please read and sign:

An expectation of the organization is that the recipient of the CBNCJ Scholarship will be present at the chapter's Annual Scholarship Event. I am willing to appear for an interview via Zoom as a requirement for consideration for this scholarship, if required. I have requested an OFFICIAL transcript, as required.

Date: _____ Signature: _____

Application and related materials should be mailed to:
Victoria Law-Wright, Scholarship Committee Chair
Concerned Black Nurses of Central New Jersey
PO Box 841 Neptune, New Jersey 07753

**THE CONCERNED BLACK NURSES OF CENTRAL NEW JERSEY, INC
SCHOLARSHIP APPLICATION**

Print type or print in black ink.

Name: _____

Address: City, State, and Zip _____

Daytime Telephone Number _____

Email _____

Employed: Yes or No If yes Companies name and your position _____ Why is this necessary? _____

Type of Nursing Program (Please circle)

Associate Degree Bachelors' degree Diploma LPN

Current School of Nursing _____

Address _____

Current School of Nursing _____

Address _____

Web Address _____

Email Address Dean/Director/ Chairperson _____

College/School Classification/Year e.g., Freshman _____

Expected date of graduation _____

Cumulative GPA _____ *Attach official copy of transcript.

An unofficial transcript with program DIRECTOR OF COUNCEL OR signature will be accepted.

SIGNATURE: _____

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

Revised May 2, 2023