Central Carolina Black Nurses Council, Inc.
Scholarship Application

Annual Scholarship Awarded:

The purpose of the scholarship(s) is to provide deserving nursing students with additional funding that will enable them to further their nursing education. We are committed to supporting students in the field of nursing.

Scholarships are awarded each year at our Annual Education-Lecture Luncheon (usually in December). The number and amount of scholarships are dependent on available funds, and the number of applicants approved by the Scholarship Committee. The usual amount ranges from $500 - $1000. These awards are based on:

- Academic achievement with a minimal cumulative G.P.A. of 2.7 in a nursing curriculum
- Submission of a statement of financial need
- Quality of written essay
- Demonstration of community involvement and leadership ability
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For your application to be processed, please make sure that you have included all the requested items. Incomplete applications will not be reviewed.

Scholarship Requirements:

1. Applicant must be currently enrolled in a nursing program (BSN, ADN, Diploma, LPN/LVN, Masters or Doctoral) and good scholastic standing at the time of application.
2. Applicants must have at least one full semester of school remaining.
3. Applicant must submit a Membership Honor Pledge to become a member of National Black Nurses Association, Inc. and Central Carolina Black Nurses Council, Inc. (CCBNC) with the application.
4. If selected, applicants must attend at least four (4) CCBNC meetings and actively participate in at least two (2) community service activities during the year.

Selection Process:
The Scholarship Committee will make the final selection(s).

Applicant Must Provide:

1. A completed Central Carolina Black Nurses Council, Inc. scholarship application.
2. An official sealed transcript from the School of Nursing that you are presently attending.
3. Two (2) letters of recommendation. One must be from a faculty member of the School of Nursing.
4. A written essay that includes the following:
    a. A 2-3 page typed and double-spaced essay.
    b. A presentation of your ideas on what you can do as an individual to improve the health state and/ or social condition of African Americans and a statement about your future goals in nursing.
    c. A description of extracurricular activities and community involvement. These may include but not be limited to local chapter activities, school level projects, community-based projects and organizations, state level student nurse activities, activities impacting the health and social condition of African Americans and other minority groups.
    d. Any additional items that may support your application (may include documented evidence of awards, honors, certificates, involvement in the African American community, description of financial need, etc.).
5. A signed copy of the Central Carolina Black Nurses Council, Inc. Membership Honor Pledge.
6. Application period is from July 1st to November 11 th. A completed application must be post marked **by November 12, 2024**. The mailing address is P.O. Box 52733, Durham, NC 27717. Applications can also be emailed to ccbncinc@gmail.com

On behalf of the Scholarship Committee, thank you for submitting your scholarship application.

Email Application to:
Scholarship Committee
ccbncinc@gmail.com

Central Carolina Black Nurses Council, Inc.
Scholarship Application

Name:_____

Last **First** **Middle**

Evening Phone:_____ **Cell Phone:**_____

Email Address: _____

Current Address: _____

Street Address

_____

City **State** **Zip Code**

Are you a current CCBNC/NBNA member: O Yes O No Year joined: _____
Do you currently have a nursing license? O Yes O No

If yes, what type: O RN O LPN/LVN License #_____ State _____

Applicant source(s) of income for school (family, scholarship, grant, loans, Veteran Benefits, etc.).

Please list all: _____

_____

Current School of Nursing Enrollment

Name:_____

Address: _____

_____

Dean/Director_____

School Phone Number: (_____) _____

Type of Nursing Degree Program – Choose One: O LPN/LVN O Associate O Bachelors
O Masters O Doctorate

If you are in a Doctoral Program, further indicate the type of degree program:
O EdD O DNP O PhD O Other _____

Classification:_____ **Expected Graduation Date:** _____

Advisor:_____

Extra-Curricular /Community Activities (List): _____

_____

_____

Academic-based awards and honors (List): _____

_____

_____

Overall Grade Point Average: _____

I hereby affirm that all the information provided is true. Any false statement will forfeit the award. I give permission for verification of information from my school if needed.

Signature: _____ **Date:** _____

Application may be duplicated

MEMBERSHIP HONOR PLEDGE

As a recipient of Central Carolina Black Nurses Council, Inc. (CCBNC) scholarship, I _____ promise to become a member of CCBNC and the National Black Nurses Association, Inc. I will remain a member in good standing over the next two (2) years. From December **2024** through December **2026**

Printed Name: _____

Signature: _____

Date: _____

Email address: _____

Phone #: _____

Origin: 8/2015
Last Revised: July 2024