**

Black Nurses Association of Baltimore

Scholarship Application

**Contact:** [**www.bnab.org**](http://www.bnab.org) **or** [**contact@bnab.org**](mailto:contact@bnab.org)

Black Nurses Association of Baltimore (BNAB) is a non-profit organization whose mission is to provide leadership to advanced nursing practice, improve health care for all Americans, particularly the unserved and underserved, and shape health policy for access and delivery of care services through advocacy and health education. It is with that in mind that we are offering two $500.00 scholarships for two nursing students meeting the criteria. Applicants can only be awarded once.

To be eligible, applicant must be:

1. A member of BNAB
2. A nursing student in good academic standing in an accredited nursing program.
3. Enroll in the undergraduate nursing program.
4. Enroll as a second-or third-year nursing student.
5. Submit two letters of reference (one from a faculty and one from an advisor) at your school.
6. Submit a recent transcript.
7. Submit an essay of 250-300 words explaining-why you chose to become a nurse, what attributes are required for this position, and what do you bring to this profession.
8. Complete and submit a brief two-paragraph explanation of your beliefs about health disparities and health equity for African Americans. Include how you will become an agent of change for this underserved group.

Scholarships will be awarded in the Fall semester only. Deadline for this scholarship is March 15th. For consideration, please adhere to the guidelines as presented. Submit all documents to **BNAB Scholarship Committee at:** [**Contact@BNAB.org**](mailto:Contact@BNAB.org)

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Applicant Information

Applicant Name

Address

City State Zip Code

Telephone (Cell)

Email address

College or University Information

Name of College/University

Address

State City Zip Code

Year Enrolled

School Telephone

School Code

Required Documents (application, references, transcript, admission essay, agent of change essay)

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_