

Association of Black Nursing Faculty, Inc.
Nursing Scholarship for Undergraduate Student



The purpose of the ABNF Nursing Scholarship for Undergraduate Student is to provide scholarship aid to professional nursing students.

Student Name:	
Address: (City, State, Zip Code)	
Phone:	
Email:	
University/College Attending:	
Address: (City, State, Zip Code)	
Name of Chair/Dean of Program:	
Courses (credit hours) completed:	
Overall GPA:	
Expected Date of Graduation:	

Place a check mark before the following statements to indicate your financial needs.

_____ I am receiving some support (grants, scholarships, reimbursement from employer), but I have additional costs that are not covered.

_____ Besides a loan that I need to repay, I am receiving no support.

_____ Other, please explain

Explain in 500 words (one page) or less why you are a good candidate for the scholarship funds that you requested.

Key points to include: *How you meet the criteria for the scholarship; your financial need; how the scholarship will impact your progress in the program; and what you hope to accomplish in nursing and serving the African American Community. Additionally, may include your participation and/or leadership in school or community activities.*

This essay will weigh heavily in the committee's decision.

Statement of Agreement

I verify that the information provided is true and that I will be registered for at least 3 credit hours in the semester in which the funds will be awarded. I agree to comply with the specific goals and spending stipulations for the scholarship funds received.

Name Printed:			
Name Signed:		Date Signed:	