

Black Nurses Association of Greater Cincinnati, BNAGC
PO Box 17245 Cincinnati, OH 45217
bnagcscholarship@gmail.com



Black Nurses Association of Greater Cincinnati 2024 Scholarship Application

Must be a Black Nurses Association of Greater Cincinnati, BNAGC or National Black Nurses Association, NBNA Member to Apply

SCHOLARSHIP REQUIREMENTS

1. Must be a member of the BNAGC local chapter or NBNA. Go to <https://bnagc.org> to apply.
2. Candidate must be currently enrolled in a nursing program (LPN/LVN, ADN, RN-BSN, Generic BSN, Masters, Doctorate) and in good scholastic standing, “C” or better, at the time of application.
3. Applicant must have at least one full year of school remaining.

Name _____
First Middle Last

Contact: Phone#: _____ Email: _____

Optional: Secondary Contact #: _____

Current Address: _____

City State Zip Code

Student I.D. #: _____

Cultural and/or Ethnic Identification: _____

Current School of Nursing Enrolled

Name _____

Address: _____

City _____ State _____ Zip Code _____

School Phone #. () _____ Email Address: _____

Nursing Program – (Circle or Highlight) – LPN/LVN, ADN, RN-BSN, Generic BSN, Masters, Doctorate,
Other: _____

Expected Graduation Date _____

Must Provide:

1. Official Transcript(s) from an accredited School of Nursing.
2. **On a Separate sheet**, a two-page / 500-word maximum Personal Statement / Essay. Address at least two of the following questions:
 - How this scholarship will benefit you as a nursing student?
 - Help you meet your education goals?

- Your plans in the profession of nursing?
- 3. Two (2) letters of recommendation:
 - From Dean or Faculty Member
 - From BNAGC Chapter President / Vice President or a BNAGC Member
- 4. Resume or CV.
- 5. Letter from the Registrar verifying enrollment and expected graduation date.
- 6. A clean/clear professional headshot or passport photo.
- 7. Optional items to accompany the application may include documented evidence of:
 - Participation in student nurse activities.
 - Involvement in community activities.
(i.e., letters, news clippings, awards, certificates)
- 8. Proof of BNAGC or NBNA membership

NOTE: The scholarship award will be forwarded directly to the School's Bursar/Finance Office.

I hereby affirm that all the information provided is true. Any false statement will forfeiture the scholarship award.

Signature: _____ Date: _____
Print: _____ Date: _____

**Email application and supporting documentation to: bnagscholarship@gmail.com
Attention: Scholarship Committee**

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST BE RECEIVED
NO LATER THAN JULY 15, 2024 BY CLOSE OF BUSINESS AT 5:00 pm (EST)**