



Tri-County Black Nurses Association

2022 Scholarship Program

Awards

\$1500 for RN student

\$750 for LPN/LVN student

\$500 book stipend

Scholarship Requirements

1. Must be enrolled in an accredited school of nursing ADN, BSN, Diploma or LPN/ LVN nursing program in the state of **South Carolina** and be in good academic standing at the time of application.
2. Must have at least one full year remaining in their respective nursing program.
 - a. or at least one semester remaining for Applicant enrolled in an accelerated nursing program.
3. Applicant must be a U.S. Citizen or Permanent Resident.
4. **Applicant must be African American or of African descent** including but not limited to Afro-Caribbean and Afro Latino ancestry.

General Instructions-Follow all instructions for preparation and submission of your application. The following is required for submission:

1. Completed application along with a well-written essay.
2. Two (2) letters of recommendation
 - One from any TCBNA member who can attest to your participation in TCBNA activities or a letter from someone who can attest to your involvement in volunteer, fraternity/ sorority, and/or church activities.
 - The second letter can be from a clinic instructor, teacher, or work supervisor.
3. Official copy of current transcript from an accredited College of Nursing (Mailed **OR** sent electronically to tricityblacknurses@gmail.com)

Tri-County Black Nurses Association
Attn: Scholarship Committee
P.O. Box 20816
Charleston, SC 29413

4. A copy of your current resume or CV (5 pages max)
5. Current high-resolution headshot or professional photo.
6. **SUBMIT APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTATION IN A SINGLE PDF FILE tricityblacknurses@gmail.com.**

RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION AS INDICATED ABOVE MUST BE RECEIVED VIA EMAIL BY CLOSE OF BUSINESS AT 5:00 PM (EST) **ON OR BEFORE May 31, 2022.**



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Written Essay Guidelines-Follow the directions below. Incomplete essays will not be accepted. For writing assistance seek your advisor to assist in proofreading. Submit collegiate level work using appropriate format used by your respective institution, e.g., APA, MLA, etc. Title Page and/or running head optional.

Candidates MUST submit at least a 1-2-page essay typed with 1” margins in 12-point font addressing the following:

- Explain why you chose nursing
- Explain why you are the best candidate for the outlined scholarship
- In your essay, explain how your nursing goals are related to how you wish to improve the health status and/or social condition of African Americans (*African Americans have higher prevalence rates for following conditions according to the Centers for Disease Control: cancer, diabetes, stroke. Think about your community and how you could affect change be it in mental health, population/ community health, hospice/ end of life etc.*)

For instance, Dr. Spruill was renowned for her research investigating impact of culture and genetic expression among Sea Islanders and the Gullah Community in expression of Diabetes Mellitus Type 2 and obesity. TCBNA also hosts an annual Mental Health Summit dedicated to educating the community and reducing the stigma surrounding mental health.

Questions

Direct all questions about the scholarship application process directly to tricityblacknurses@gmail.com or Scholarship Co-Chair, Jessica H. Mills at milljh7@gmail.com . You can call during business hours to (843) 256-3342.

Winners

Scholarship winners will be announced in August and a check will be award directly to the recipient. In lieu of scholarship luncheon, TCBNA will host virtual ceremony to honor recipients.



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Tri-County Black Nurses Association Scholarship Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Email: _____

Area of Interest/ specialty: _____

Organization(s) (current and/or previous) _____

Community Activities: _____

Current School of Nursing Enrollment
(school listed below is where your official should be mailed from)

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dean/ Director _____ School Phone No: (_____) _____

Accelerated Program: (Circle one) Yes No Expected Graduation Date: _____

Type of Nursing Degree Program- **Choose One:** LPN/ LVN Associate Bachelors



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Do you attend a Historical Black College or University: Yes No

Extracurricular/Community Activities (List) _____

Personal Statement Instructions (Required)

- I hereby affirm that all the information provided is complete and true. Any false statement(s) will make my application null and void.
- I consent to having my photograph published in TCBNA publications and/or website.

Signature _____ Date _____