



Tri-County Black Nurses Association

2021 Scholarship Program

All Materials Due by COB June 25, 2021

Awards

- \$1500 for RN student
- \$1000 for LPN/LVN student
- \$500 book stipend (runner up)

Scholarship Requirements

1. Must be enrolled in an accredited school of nursing A.D.N., B.S.N., 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. 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
 - Applicant can submit a letter from any TCBNA member who can attest to involvement in TCBNA like activities or a letter from someone who can attest to involvement in community, fraternity/ sorority, and/or church activities.
 - The second letter should be from a clinical instructor, professor, or work supervisor.
3. One official copy of the Applicant's current transcript from an accredited College of Nursing (Mailed **OR** sent via secure message directly from the College of Nursing). Please request ahead of time to allow sufficient time for the request to be processed.
4. A copy of Applicant's current resume or CV (5 pages max).
5. Current High-resolution headshot or professional photo.
6. Additional items to accompany the application in support of the candidate's eligibility and desirability may include documented evidence of:
 - Participation in student nurse activities
 - Involvement in the African American Community, i.e., letters, news clippings, awards, certificates
7. **SUBMIT APPLICATION ALONG WITH ALL SUPPORTING DOCUMENTATION IN A SINGLE PDF FILE tricityblacknurses@gmail.com.**



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Written Essay Guidelines- *Essays will be evaluated on content of topic, spelling, grammar, and punctuation. If using reference materials, identify the source(s) at the end of your essay.*

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

- Explain your nursing goals related to how you plan to help improve/elevate the health status and/or social condition of African Americans.

Submission of your official school Transcript

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

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 JUNE 25TH, 2021. TRANSCRIPTS (VIA THE ROUTES LISTED ABOVE) MUST ALSO BE RECEIVED ON OR BEFORE CLOSE OF BUSSINESS ON JUNE 25TH, 2021. INCOMPLETE PACKAGES WILL NOT BE CONSIDERED.

Questions

Questions about the scholarship application process can be sent directly to tricountyblacknurses@gmail.com or Scholarship Co-Chair, Jessica H. Mills at milljh7@gmail.com . You may also call (843) 256-3342 during business hours.

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 a virtual ceremony to honor recipients. Attendance will be requisite prior to receiving funds.



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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 transcript 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 Associates Bachelors

Do you attend a Historical Black College or University: *(Circle One)* Yes No



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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 _____