Tri-County Black Nurses Association
Nursing Scholarship Application

Name: _____

Address: _____

City:_____State:_____Zip Code:_____

School of Nursing_____

Classification:_____

Year Expected to Graduate:_____

Area of Interest:_____or specialty_____

GPA:_____

Chapter Affiliation:_____

Active: yes_____No_____

Affiliation member organization (eg, SN/ANA/ etc):_____

Community Activities: _____

_____

_____

References (must provide two names and one letter of references)

Attach one page essay to describe self and why you should receive the Annual $1000.00 TCBNA Nursing Scholarship, and your future commitments re TCBNA