



**Midlands of South Carolina
BLACK NURSES ASSOCIATION**

2024 NURSING SCHOLARSHIP APPLICATION

Award Amount \$1,000

INSTRUCTIONS

Please complete the application and submit to midschnascholarship@gmail.com

Subject Line: Scholarship Application

Application Deadline: November 1, 2024

- Applicants must be enrolled in an approved and accredited nursing program (LPN, ADN, BSN, MSN, or doctoral) in South Carolina
- Scholarship awardees must attend the Scholarship Luncheon in Columbia, SC on December 7, 2024

All materials must be received by the deadline for scholarship consideration:

- Completed 2024 nursing scholarship application (See next page)
- Essay (See instructions on pg. 3)
- Enrollment verification from college/university
- Resume or Curriculum Vitae
- Two recommendations submitted directly to the Midlands of SC BNA (See instructions on next page):
 - (a) Academic (faculty or advisor) **required**
 - (b) Employer, professional nursing organization, or other organization**At least one recommendation must be academic*
- Official** transcript from current academic program sent directly to the Midlands of SC BNA via email (midschnascholarship@gmail.com)

PLEASE PRINT OR TYPE

Name: _____

Address: _____

Telephone: _____ Email: _____

Degree to be obtained: _____ Expected Completion Date: _____

RECENT EMPLOYMENT EXPERIENCE

Name of Employer: _____

Address: _____

Position Held: _____

Full-Time Part-Time Start Date: _____ End Date: _____

Summary of Responsibilities: _____

PROFESSIONAL / COMMUNITY / STUDENT ACTIVITIES

Please describe the activity and note any office(s) held.

Name of Organization: _____

Description of Activity: _____

Type of Involvement: _____

Dates of Service: _____

Name of Organization: _____

Description of Activity: _____

Type of Involvement: _____

Dates of Service: _____

RECOMMENDATIONS

Please share the following link with two persons whom you have identified to complete the scholarship recommendation form: <https://forms.gle/m85QTA2iEPnZspPa6>

**No more than two complete recommendations will be considered.*

Applicant Name (please print)

Applicant Signature/Date

**I hereby affirm that all the information provided is true, and any false information will forfeit the award.*

SCHOLARSHIP APPLICATION ESSAY

Provide a 500-word essay (Times New Roman, 12-point font, double-spaced) about your personal and professional leadership experiences and future goals. Describe how you intend to work in underserved communities to promote health equity.

