



## Suffolk County Black Nurses Association 2025 Scholarship Application

**Please Type or Print clearly in Ink**

Name: \_\_\_\_\_

First	Middle	Last

Daytime Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City	State	Zip Code
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Place of Employment: \_\_\_\_\_

Are you a SCBNA Student Member: Yes ☐ No ☐ If Yes, Yearjoined: \_\_\_\_\_

SCBNA Membership Number: \_\_\_\_\_

Do you currently hold a Nursing License? Yes ☐ No ☐

If Yes: License Number: \_\_\_\_\_ State: \_\_\_\_\_

**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. (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Student ID #: \_\_\_\_\_

Bursar/Financial Office #: \_\_\_\_\_

Type of Nursing Degree Program – **Choose One:** Associate ☐ Bachelors ☐  
Masters ☐ Doctorate ☐

Expected Graduation Date (Month/Year): \_\_\_\_\_ Advisor: \_\_\_\_\_

Extracurricular/Community Activities (List): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Statement Essay Instructions (REQUIRED)**

Each applicant must submit a personal statement essay of 250-500 words responding to the following questions:

1. How will your role as a registered nurse impact the nursing profession?
2. Where do you see yourself 5 years from now, and how will you facilitate this achievement?
3. Which life experiences have shaped you into who you are today?
4. What challenges have you overcome to achieve your education?

- 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 publish photograph in SCBNA publications and/or SCBNA website.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*[You may attach a continuation sheet if necessary]***General Instructions – Follow all instructions for preparation and submission of your application**

**The following is required for submission**

1. A completed application form.
2. Two letters of recommendation. One professional from applicant's school of nursing or employer and one personal from a nurse in the area or politician or religious leader.
3. A copy of your current resume or CV (5 pages max)
4. Personal statement essay (500-words maximum)
5. Proof of acceptance to nursing program
6. Proof of enrollment the Fall 2025 semester (Bursar bill)
7. Must be a SCBNA member in good standing, live, work or attend school in Suffolk County.

**Application submission Instructions**

Applications and supporting materials will **ONLY** be accepted electronically

Assemble the following materials and save as **one pdf file** (Only pdf files will be accepted) with this file name  
 FORMAT: (Your Last name – Scholarship Application), **Ex – Smith-Scholarship Application**

1. Completed application form
2. Two letters of recommendation
3. Resume or CV
4. Personal statement
5. Proof of acceptance to nursing program
6. Proof of enrollment the Fall 2025 semester (Bursar bill)
7. Proof of employment, residency or attending school in Suffolk County

Submit the **pdf file** via email using the same file name in the Subject to: [suffolkcountybna@hotmail.com](mailto:suffolkcountybna@hotmail.com)

Submit your high-resolution head shot photo to the same email address.

**Submission of your official school Transcript (Must be received by August 15<sup>th</sup>, 2025)**

**Have your school mail your official transcript directly to:**

**SUFFOLK COUNTY BLACK NURSES ASSOCIATION**

*Attn: SCBNA Scholarship Committee*

*P.O. Box 416*

*Brentwood, New York 11717*

**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 August 15<sup>th</sup>, 2025.**

**QUESTIONS:** Please direct all questions to the SCBNA Scholarship Committee via email at:

[suffolkcountybna@hotmail.com](mailto:suffolkcountybna@hotmail.com)



