



# Cleveland Council of Black Nurses, Inc.

P.O. Box 221066 Cleveland OH, 44122 Phone: (216) 325-7725

Email: [ccbn216@gmail.com](mailto:ccbn216@gmail.com) Website: [clevelandcouncilofblacknurses.org](http://clevelandcouncilofblacknurses.org)

**POSTMARK DEADLINE FOR APPLICATION: Saturday, May 29, 2021**

## **ELIGIBILITY REQUIREMENTS:**

1. Candidate is currently enrolled in, or has been accepted in an accredited nursing program: RN, LPN/LVN, Diploma, AD, BSN, Masters or Doctorate and is in good standing at the time of application.
2. Must be a current (paid) member of the Cleveland Council of Black Nurses (CCBN) at time of application.

## **APPLICATION PROCEDURE:**

1. All applications and supporting recommendations must be postmarked by: May 29, 2021
2. The application form must be accompanied by the following:
  - a.) Official transcript from school of nursing or high school.
  - b.) Two letters of recommendation:
    - One letter from a community leader (e.g., Pastor, volunteer group) or CCBN member
    - One letter from the school of nursing or high school
  - c.) A typed essay of fifty words or more addressing the applicant's future goals in nursing, personal qualifications and need for the reward.
  - d.) A letter from your Dean of Nursing stating the student is in good standing in the nursing program and requires an additional academic term, past Summer, to complete the nursing program.
3. The scholarship committee will notify winning applicants by the telephone number/email provided on the application. Completed applications must include pages 1, 2, and 3. A non-response may result in a recall of an awarded scholarship. A virtual scholarship presentation will be held on June 26, 2021.

Please mail completed package to:

Cleveland Council of Black Nurses, Inc.  
Attn: Nancy Crawford (Scholarship & Awards Chair)  
P.O. Box 221066  
Cleveland, OH 44122  
Phone: (216) 556-0600  
Email: [CCBN216@gmail.com](mailto:CCBN216@gmail.com)

For more information contact Nancy Crawford at [nvcrawford@yahoo.com](mailto:nvcrawford@yahoo.com)

## **EVALUATIVE CRITERIA:**

1. GPA of 2.5 or above
2. Two letters of recommendation
3. A typed essay of fifty (50) words or more.



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## APPLICATION FOR SCHOLARSHIP

(Please Type or Print in Blue/Black Ink)

1. Name \_\_\_\_\_ Sex \_\_\_\_ Marital Status \_\_\_\_\_  
Last First Middle/Maiden

2. Current Address \_\_\_\_\_  
Street City State Zip

3. Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

4. Head of Household: Father \_\_\_\_\_ Mother \_\_\_\_\_ Self \_\_\_\_\_ Other \_\_\_\_\_

5. List below those who receive support from the head of household:

NAME	RELATIONSHIP	AGE	SCHOOL/PLACE OF EMPLOYMENT

6. List any professional license (s) \_\_\_\_\_

7. Current School of Nursing Enrollment

Name \_\_\_\_\_

Address \_\_\_\_\_

Classification (e.g., Junior) \_\_\_\_\_ Dean/Director \_\_\_\_\_



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## **APPLICATION FOR SCHOLARSHIP**

**(Must be typed)**

### **ESSAY**

**(50 words or more)**

**(This application may be duplicated)**