



Cleveland Council of Black Nurses, Inc

P. O. Box 221066 Cleveland, OH 44122 (Phone 216-556-0600)

April 1, 2011

Dear Colleague:

The Cleveland Council of Black Nurses, Inc will be accepting applications for nursing scholarships which are awarded June 25, 2011 at the annual **Mary C. Thompson Scholarship & Awards Luncheon**. The Luncheon will be held from 8:30 am until 2:30 pm at the Manor Party Center 24111 Rockwell Drive Euclid, OH 44117.

Any student enrolled or entering into a RN or LPN nursing program is eligible to apply. The applications must be postmarked by May 25, 2011 to be eligible for consideration.

Please post the enclosed information on your bulletin board for access to students in your program. Feel free to duplicate the application.

If you are in need of more information and/or applications please contact Nancy Crawford at (216) 381-4285 or e-mail at nvcrawford@yahoo.com

Sincerely,

Nancy V. Crawford, MSN, BSN, RN, Chairperson
Scholarship & Awards Committee
Cleveland Council of Black Nurses, Inc



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SCHOLARSHIP AWARD

POSTMARK DEADLINE FOR APPLICATION: May 25, 2011
(This form may be duplicated)

ELIGIBILITY REQUIREMENTS:

1. Candidate is currently enrolled in or has been accepted in a nursing program: RN, LPN / LVN, Diploma, AD, BSN, and in good standing at the time of application.
2. Candidate must be eligible to become a member of Cleveland Council of Black Nurses, Inc. (CCBN)

APPLICATION PROCEDURE:

1. All applications must be postmarked by May 25, 2011.
2. The application form must be accompanied by the following:
 - a. Transcripts from school of nursing or high school.
 - b. Two letters of recommendation:
 - One letter from a community leader or CCBN member
 - One letter from the school of nursing or high school
 - c. A typed essay of fifty words addressing the applicant's future goals in nursing, personal qualifications, and need for the award.

Please mail the completed application package to:

Cleveland Council of Black Nurses, Inc
Nancy Crawford, MSN, BSN, RN
Chairperson Scholarship & Awards Committee
3561 Monticello Blvd.
Cleveland Heights, OH 44121

For more information call Nancy Crawford at (216) 381-4285 or e-mail nvcrawford@yahoo.com



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APPLICATION FOR SCHOLARSHIP (Please Type or Print in Ink)

1. Name _____ Sex _____ Martial Status _____
Last First Middle/Maiden

2. Current Address _____
Street City State Zip

3. Phone _____ Email Address: _____

Date of Birth _____ Social Security (Last Four No.) _____

4. Place of Employment and/or Spouse _____ Business Phone _____

5. Head of Household: Father _____ Mother _____ Self _____ Other _____

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

Name	RELATIONSHIP	AGE	School / PLACE OF EMPLOYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Do you currently hold a nursing license? _____ Type and Number _____

8. Other anticipated sources of income

Scholarship or Grant _____ Work-Study _____
Loans _____ Veterans Benefits _____

9. Current School of Nursing Enrollment

Name _____

Address _____

Classification _____ Dean/Director _____



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APPLICATION FOR SCHOLARSHIP

(Please Type or Print in Ink)

ESSAY

50 words

I Pledge To Become a Member of Cleveland Council of Black Nurses, Inc. _____

Signature

NURSING SCHOLARSHIP 2011



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NURSING SCHOLARSHIP 2011