MNBN Scholarship Application

In order to be considered for a Minnesota Black Nurses Association Scholarship, you will need to thoroughly complete the application process. To assist you, we have compiled a list of requirements to fulfill the application process. Please review the scholarship application form carefully. A total of two scholarships in the amount of $1000.00 will be awarded to qualified students. All nursing candidates of African-American, African, Caribbean and Afro Latino descent groups are welcome to apply.

Remember to submit ALL requested documents with your application.

Criteria:
Candidate must be enrolled in a Minnesota 2 or 4-year undergraduate accredited RN School of Nursing Program.
Candidate must be entering the senior year of their nursing program.
Student membership in the Minnesota Black Nurses Association (MNBNA) $45.00 and the National Black Nurses Association (NBNA) $50.00 is required upon notification of scholarship awards.
Scholarship will be paid in two installments directly to the recipients school account per semester. Final scholarship payments are contingent on evidence of active involvement in MNBNA community service projects and/or monthly meeting attendance and documentation of 3.0 or higher G.P.A. per enrolled semester.

Application Process:
• Application submitted by email to info@mnbnassoc.org. Deadline: September 30, 2021.
• Contact your school for an official transcript – G.P.A. 3.0 or higher, and have them mail your transcript DIRECTLY to MNBNA (see below) before the deadline date of September 30, 2021.
• Submit one to two page essays and describe how the scholarship will impact your future goals as a nurse.
• A current professional photo (headshot), place picture in a separate email file.
• Must be enrolled in a Minnesota accredited RN School of Nursing.
• Must have at least 1 full year remaining in school.
• Two letters of recommendation (one from an instructor and one from a counselor).
• If selected for a scholarship, recipients must submit a “Thank You” letter and a current resume to info@mnbnassoc.org.
• Scholarship recipients must complete a student membership application with dues payment in full and sign an honor agreement prior to receiving your initial check.
• After graduation, notify the MNBNA of your future career plans and place of employment.
• Limit the number of supporting documents to 10 pages (certificates, letters, articles).
• Email all documents to info@mnbnassoc.org.
• Mailing Address: Minnesota Black Nurses Association, Attn: MNBNA Scholarship Committee, P.O. Box 600684.
  St. Paul, Minnesota 55106.

Thank You,

MNBNA Scholarship Committee
Minnesota Black Nurses Association, Inc.

Application for Scholarship

Please Type or Print clearly in Ink

Name________________________________________________________________________

First      Middle     Last

Daytime Phone#: ___________________________ Email: _____________________________

Current Address:________________________________________________________

City      State      Zip Code

Do you currently hold a Nursing License? Yes   No   Type: RN ___ LPN ___

If yes: License Number: _________________________    State ______________________

NBNA Member Chapter: __________________________________________________

(Spell out chapter name. If you are a Direct Member print Direct Member on line)

Year you joined ___________________________________________________________________

Current School of Nursing Enrollment:

Name_________________________________________________________________

Address:_______________________________________________________________

City____________________ State______________________ Zip Code____________

Dean/Director____________________________ School Phone No.(   _ )___________

Type of Nursing Program – Circle One:   RN   BSN

Expected Graduation Date ______________________ Advisor ___________________
Extracurricular/Community Activities (List)

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

I hereby affirm that all the information provided is true. Any false statement will forfeit the award.

Signature ___________________________ Date_____________________

[You may attach a continuation sheet if necessary]

Have your school mail your official transcript to:
MINNESOTA BLACK NURSES ASSOCIATION
Attn: MNBNA Scholarship Committee
P.O. Box 600684
St. Paul, Minnesota 55106

Email or postal service your application and supporting documentations to info@mnbnassoc.org

Or mail to the above mailing address.

RECEIPT OF ALL REQUIRED APPLICATION MATERIALS MUST BE POST OFFICE MARKED BY SEPTEMBER 30, 2021 OR RECEIVED BY EMAIL PRIOR TO 5:00 PM ON SEPTEMBER 30, 2021.

If selected for a scholarship, recipients must submit a “Thank You” letter, a completed student membership application with dues payment, signed honor agreement and a current resume by email to info@mnbnassoc.org prior to receiving your initial check. Final scholarship payments are contingent on evidence of active involvement in MNBNA community service projects and/or monthly meeting attendance and documentation of 3.0 or higher G.P.A. per enrolled semester.
MNBNA Scholarship Recipient Honor Pledge

As a recipient of the MNBNA Scholarship, I, ________________________, promise to remain a member in good standing in the MNBNA chapter and the national chapter of National Black Nurses Association (NBNA) over the next year. I understand that the $45.00 local dues paid as a student will be credited into my first year as a professional nurse.

Signature of recipient: ____________________________________________

Date: ___________________________________________________________

Email: ___________________________________________________________
MNBNASCHOLARSHIP PROGRAM – *Written Essay Guidelines*

Each applicant is to submit with the application an essay one to two-pages double-spaced in 12-font text with 1” margins. Essay to include a description of extracurricular activities and community involvement. These may include but not limited to local Minnesota Black Nurses chapter activities, community based projects, school level projects, organizational efforts, state level student nurse activities, activities impacting the health and social condition of African Americans and/or other culturally diverse groups. Also include a presentation of your ideas of what you can do as an individual nurse to improve the health status and/or social condition of African Americans and a statement about your future goals in nursing.