



Concerned National Black Nurses of CSRA

Serving Because We Care!

Concerned Black Nurses of CSRA 2026 Scholarship Program (Adopt-A-Nurse)

Two Scholarship grants \$1000.00 each, will be presented at this year's **Scholarship Gala**

Scholarship Requirements:

1. Must become a member of NBNA and our local chapter.
2. Currently enrolled in an accredited Nursing program.
3. GPA 3.0 or higher.
4. Have at least one year of school remaining.

Must Provide: for consideration.

1. **Official college transcript(s)** from an accredited School of Nursing with application for scholarship consideration.
2. At least one-page typed essay attached to application: typed, double spaced to include a description on of extracurricular activities and community involvement. These may include (but not be limited to) local chapter activities, community- based projects, school level project, organizations efforts, state level student nurse activities, activities impacting the health and social conditions of African Americans and other culturally diverse groups. Also include a presentation of ideas of what the individual can do as an individual nurse to improve the health status and/or social condition of African Americans and other marginalized groups, along with a statement of future goals in nursing. This information must be documentable.
3. Two letters of recommendation (one from applicant's school of nursing and one from a verifiable source: Chapter Member, Clergy, employer (if any), a none- relative, attached to application.

The awardee is expected to join one committee and attend multiple in person meetings within the year of accepting the scholarship grant and participate in one Community Service Project with the local Chapter.

The goal is for the organization to support/mentor the awardee, so that the individual will grow and learn how to lend their talents to enhance a healthier community.

Concerned Black Nurses of CSRA, Inc.

2026 Application for Scholarship

Please Type or Print clearly in Black Ink

Name _____

Current Address: _____

Place of Employment (if working) _____

NBNA Member Chapter _____

Current School of Nursing Enrollment:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Dean/Director: _____ **School Phone No: ()** _____

Type of Nursing Program – Circle One: LPN ADN BSN Masters Doctorate

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** _____

Application Deadline **25 November 2026.**

Concerned Black Nurses of CSRA Membership Honor Pledge

As a member of the _____

(Full name of chapter)

I _____ promise to remain a member in good standing with my chapter over the next two years.

Signature of applicant: _____

Date: _____

Email: _____