



Black Nurses Rock Foundation Delaware Chapter, Inc  
P.O. Box 11731  
Wilmington, DE  
19850  
(302)-310-0499

**Black Nurses Rock Foundation DE Chapter Nursing  
Scholarship Program  
2024 College Application**

Dear College Applicant,

Thank you for taking time out to apply for the Black Nurses Rock Foundation Inc. Delaware Chapter's Annual Scholarship. Below are the Criteria and Requirements that each Applicant will need to meet to be considered as a candidate. We request that you take time to review the requirements, criteria, your completed application, requested documents before final submissions. All applications and requested documents should be submitted before Wednesday *May 15, 2024* for consideration. Thank you once again, from Black Nurses Rock Foundation Delaware Chapter.

**Nursing Scholarship Criteria:**

1. You must be a minority nurse who is actively enrolled in an Accredited Nursing Program.

**Educational Requirements**

- LPN to ASN
  - ASN to BSN
  - BSN to MSN
  - MSN to DNP
2. The candidate must be willing to participate in two volunteer opportunities with the Black Nurses Rock Foundation Delaware Chapter over the next academic school year 2024-2025.
  3. Complete the attached College Scholarship Application. Once you have completed the application, you may either download it, scan, and or email the it to BNRDEscholarship@yahoo.com by *Wednesday May 15th, 2024* Deadline. The BNRF DE Chapter Application Must Be Completed In It's Entirety.
  4. Submit Resume or CV
  5. You must have a GPA of 3.0 or Greater.
  6. You must submit an Unofficial Transcript.
  7. A Letter of Recommendation from an Academic Advisor.
  8. You must complete a Essay of 500-750 words which includes:
    - a. Your Academic & Personal Goals.
    - b. Why you chose to go into the nursing profession.
    - c. What will you give back to the Community once you obtain your Nursing Degree?
    - d. If you are selected as a BNRF DE Chapter Scholar, Would you volunteer within the State of

Delaware at vulnerable community events to Educate those affected with Healthcare issues that plague our state such as Heart Disease, Diabetes, Breast Health and HIV/AIDS? If yes, where would you like to volunteer with BNRF DE Chapter and what issues would you like to address?

9. All information and documents must be submitted to  
BNRDEscholarship@yahoo.com or you may mail it to  
P.O. Box 11731  
Wilmington, DE 19850.

10. You must not have received  
a scholarship from BNRF DE  
Chapter within 2 years  
of applying for the BNRF DE  
Chapter Scholarship Program.

11. All Candidates must complete volunteer hours in the community outside of the mandated college volunteer hours within the last  
two years.

12. BNRF DE Chapter members in Good Standing who are Actively Participating in BNRF DE Chapter Volunteer Outreach Events & Fundraisers; and Meet all of the Eligibility Requirements of the BNRF DE Chapter Scholarship Program as stated above maybe considered as well.

I, \_\_\_\_\_ have read and understand the conditions of the BNRF DE Chapter Inc. Scholarship Program as indicated in the criteria cited above. I give permission to the Officials of BNRF DE Chapter, Inc. to review my transcripts from my academic record and other information requested for consideration in the BNRF Scholarship Program. If selected as a BNRF DE Chapter Scholar; I agree to attend the BNRF DE Chapter Scholarship Acceptance Activity, to receive my Award. I Affirm the information contained herein is True and Accurate to the Best of my Knowledge and Belief.  
\_\_\_\_\_



**Legal Name in Full  
(Print/Type)**

\_\_\_\_\_

**Last Name**

**First Name**

**M.I.**

**Permanent  
Residence**

\_\_\_\_\_

**Number, Street, and Apartment Number**

\_\_\_\_\_

**City**

**State**

**ZIP**

**Your Address at  
School  
(if Different)**

\_\_\_\_\_

**Number, Street, and Apartment Number**

\_\_\_\_\_

**City (if studying abroad, add country)**

**State**

**ZIP**

**How is permanent residence established?  
(At least two must apply.)**

**Home Telephone**

( )

**Home address for school registration**

**Place of registration to vote**

**School Telephone**

( )

**Family's primary residence**

**(if different)**

**E-mail**

**Address**

**Other:**

\_\_\_\_\_

**Date of Birth**

**Age**

\_\_\_\_\_

**Month/Day/Year**

**(Check One) I am a**  **U.S. Citizen**  **U.S. National**  **Resident alien expecting citizenship by the date of award**

**Name of Nominating  
Institution**

\_\_\_\_\_

**Current Cumulative GPA** \_\_\_\_\_ **on a scale of** \_\_\_\_\_

**Your Undergraduate  
major(s)**

\_\_\_\_\_

**Number of College Credits Earned to  
Date**

\_\_\_\_\_

**Total number of credits required for  
Graduation**

\_\_\_\_\_

**Expected Date to receive Baccalaureate  
Degree:**

\_\_\_\_\_

**Degree you will receive**

\_\_\_\_\_

**Graduate Degree(s)  
sought:**

\_\_\_\_\_

**Concentration(  
s)**

\_\_\_\_\_

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

1. List the secondary school from which you graduated and all higher education institutions attended. Include summer, study-abroad, exchange programs and your nominating institution (up to six) if applicable.

School	Location	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. List college and high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. You will have space for eight college and four high school activities.

College Activity	Dates	Offices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

High School Activity	Dates	Offices
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

