



Black Nurses Rock Foundation Delaware High School Scholarship Application Letter



Due: April 30, 2025

Applicant,

Congratulations on your decision to apply for this scholarship to further your education and attend college. The Black Nurses Rock Foundation Delaware Chapter was founded in 2016 to provide health education and activities to underserved communities and provide scholarship opportunities to high school students who plan to attend college with a major in the nursing profession.

Scholarships are awarded up to \$1,500 and are funded annually upon meeting all of the criteria established by the Black Nurses Rock Foundation Delaware. Please carefully review the criteria, procedure, requirements, and completed application before the final submission.

Eligibility Criteria:

1. You must be a minority student accepted into an accredited nursing program, a pre-licensure nursing program, or enrolled in a nursing track.
2. Must be a resident of Delaware (verified by address, driver's license, or passport).
3. You must submit an unofficial high school transcript with a GPA of 3.0 or greater.
4. You must complete an essay of 500-750 words that includes:
 - Your academic & Personal Goals
 - Why did you choose to go into the nursing profession?
 - What will you give back to the community once you obtain your nursing degree?

5. You must not have received a scholarship from the Black Nurses Rock Foundation Delaware within 2 years of applying for the 2025-2026 scholarship.

Application Procedure

Applications may be obtained using the QRC code, high school guidance counselor, or nurse. If you would like an application emailed to you, please forward an email with your request to the scholarship email at bnrdescholarship@yahoo.com:

PLEASE NOTE: A completed application includes:

- Black Nurses Rock Foundation Delaware Scholarship Application
- High School Transcript with GPA
- 500-word essay

- Letter of Recommendation from adviser/guidance counselor.

Application Deadline

Completed applications with ALL the required documentation must be scanned and emailed to: bnrdescholarship@yahoo.com or mailed to Black Nurses Rock Foundation Delaware, P.O. Box 11731, Wilmington, DE 19850 (mailed packets must be postmarked by April 30, 2025). Applications postmarked after this date will not be considered.

Requirements of Scholarship Awardee for 2025-2026:

1. The scholarship awardee must participate in two volunteer opportunities (heart disease, diabetes, breast health, HIV/AIDS, etc.) with the Black Nurses Rock Foundation Delaware before the Fall semester of the academic school year, 2025-2026.
2. The scholarship awardee(s) must participate in the Black Nurses Rock Foundation Delaware's event to be recognized and announced as the scholarship recipient for 2025-2026.
3. Upon meeting the two (2) requirements, the scholarship funds will be sent to the finance department of the selected university to be applied to the student's account. The scholarship will be voided if the applicant does not meet ALL the remaining criteria for acceptance.

Education provides the fundamental steps toward advancement in the nursing profession. Thank you for allowing Black Nurses Rock Delaware to join and support your investment in the nursing journey.



Scholarship Application

Black Nurses Rock Foundation Delaware
Scholarship Committee



BLACK NURSES ROCK FOUNDATION DELAWARE



SCHOLARSHIP APPLICATION

Student Information

Name in full: _____
Last Name First Name M.I.

Home Address: _____
Street or Box

City State Zip

Mailing Address (if different): _____
Street or Box

City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parents' /Guardians' name(s): _____

High School Information:

Name of High School: _____

School address: _____
Street or Box

City County State Zip

School Phone number: _____ extension: _____

School Principal's Name: _____

Guidance Counselor Names(s):

Phone: _____

Name _____ Phone: _____

Name _____

Anticipated date of graduation: _____

Current/Final GPA _____ (attach transcript with GPA).

College Information

College/University you plan to attend this fall: _____

Address: _____
Street

City

State

Zip

Phone Number of Financial Aid Office: () _____

Major: _____

Minor or area(s) of concentration: _____

ACT or SAT Score: _____

Are you a citizen of the United States? _____

Are you a resident of the State of Delaware? _____

Provide evidence of your school activity participation, community involvement, achievements, and leadership skills supporting your application (use a separate sheet of paper if additional space is needed):

School Activities (i.e. sports, band, choir): _____

Community Activities _____

Significant honors, awards, and accomplishments that you have received: _____

Leadership position and offices held and dates: _____

Examples of activities: Band, Choir, National Honor Society, JROTC, DECA, Student Council, STEM, FAME, HS Student Government, Junior Usher, Girl Scouts, Tutor, Mentor

Co-Op/Internships/Employment:

Job Title or role: _____

Dates of Employment or active in role: _____

Employer Name: _____

Employer Phone: _____ ext. _____

Job Title or role: _____

Dates of Employment or active in role: _____

Employer Name: _____

Employer Phone: _____ ext. _____

Job Title or role: _____

Dates of Employment or active in role: _____

Employer Name: _____

Employer Phone: _____ ext. _____

_____ (initial) I understand that I must complete two (2) community activities and an awardee celebration with Black Nurses Rock Foundation Delaware before receiving the scholarship funds.

_____ (initial) I have not received a previous scholarship from the Black Nurses Rock Foundation Delaware in the past 2 years.

_____ (initial) I AFFIRM that the information provided is complete, accurate, and true to the best of my knowledge.

By signing this application, I permit the Black Nurses Rock Foundation Delaware to publicize my scholarship award (name and photograph) if chosen as the recipient.

Applicant's Signature: _____

Date: _____

Letters of Recommendation must be attached and submitted with the application by April 30, 2025
Failure to receive this information by the scholarship deadline disqualifies the applying student.

BLACK NURSES ROCK FOUNDATION DELAWARE SCHOLARSHIP
P.O. Box 11731
Wilmington, DE 19850
(302) 310-0499
bnrdescholarship@yahoo.com

BLACK NURSES ROCK FOUNDATION DELAWARE SCHOLARSHIP

APPLICATION LETTER OF RECOMMENDATION

Name of Applicant _____

The person named above is applying for the Black Nurses Rock Foundation Scholarship. A description of the characteristics and abilities of this applicant would provide supplementary information to the scholarship committee.

Please briefly explain, how long and in what capacity you have known the applicant.

PLEASE INDICATE BELOW, ON A SEPARATE SHEET OF PAPER, WHY YOU WOULD RECOMMEND THIS PERSON TO BE A DESERVING RECIPIENT OF THE BLACK NURSES ROCK FOUNDATION DELAWARE SCHOLARSHIP.

Signature: _____

phone _____ email: _____