

**Central Florida Black Nurses Association (CFBNA) Scholarship Application  
2015-2016  
(Please Print in Ink)**

**1. Your Personal Information:**

First Name

Middle Name

Last Name

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E-mail Address

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Date of Birth

Hometown

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**2. Contact Information:**

Home Address

City

County

State

Zip

Phone Number(s)

Home

Mobile

**3. Demographic Information:**

Ethnic Status (African American, other)

Residency Status (U.S. Citizen)

Country of Residence

Gender

**4. Education Information:**

Current Enrollment: If you are currently enrolled in an academic institution, please state the most applicable Current Enrollment Status.

Current Enrollment Status/Degree Program (undergraduate, graduate)

Classification of Academic Level (junior, senior)

College/University Name

Current Major

Expected Graduation Date

Cumulative GPA (unweighted 4.0 Scale)

Do you currently have a Nursing License?

Are you presently receiving financial aid?

Source

Amount

Are you employed?

Place of Employment

Occupation

Leadership Info: Do you have any leadership roles to list?

Honors and Awards Information

Award Type

Name of Award

Date Received

Description of Award

**5. Community Service Details:**

Do you have any volunteer work or Community Service activities to list?

6. **Attachments:** Must Provide
  1. Official Transcript
  2. References: provide 2 names, addresses and telephone numbers from supervisor at work, professor, and minister or community leader.
7. **Essay Question: Essay on professional expectations, long term and short term goals.**

**Signature:**

Date: