



2023 Scholarship Application

DEADLINE FOR APPLICATION:

April 30, 2023*

***Applications must be received by midnight**

SCHOLARSHIP INSTRUCTIONS

ELIGIBILITY REQUIREMENTS

To be eligible students must meet the following criteria:

- Enrolled in an accredited School of Nursing
- Must demonstrate 20 hours of community service in 2022-2023 school year
- The scholarship recipient must have a minimum cumulative 3.0 GPA
- Live in Prince Georges, Charles, St. Mary, Calvert, and Anne Arundel counties
- Required to enroll as an active student member of BNSMD for one year after receiving scholarship

HOW TO APPLY

- Complete the enclosed application (Application must be fully completed and signed)
- Submit an official letter of acceptance into an accredited nursing program
- Submit an official school transcript
- Submit two letters of recommendation
- Provide proof of community service hours
- Applications are accepted from April 1 ,2023 until April 30, 2023

SELECTION

- Applicants will be evaluated based on their completed submission
- Selection decision will be made based on the overall rating of the package including essay

PACKAGE SUBMISSION

- Complete applications must be received by deadline at midnight (April 30,2023)
- All materials submitted become the property of the Black Nurses of Southern Maryland, Inc. (BNSMD)
- Incomplete packages will not be considered
- ***All applications should be submitted via email to bnsmd@hotmail.com**
- ***In subject line enter BNSMD Scholarship**

BLACK NURSES OF SOUTHERN MARYLAND SCHOLARSHIP APPLICATION

PART ONE: APPLICANT INFORMATION

Citizenship Status: Please Check One <input type="checkbox"/> Citizen of the United States <input type="checkbox"/> Non-Citizen National <input type="checkbox"/> Lawful Permanent Resident	
Name (First, Last, Middle Initial)	Date of Birth
Address	
Telephone Number	
Email Address	
Community service (Description of service, when, & where). Attach separate sheet if necessary	
Current G.P.A.	Cumulative G.P.A.

Essay: What are your goals in nursing (one typed page double spaced, times roman 12 pt, no more than 500 words) attach separately if needed.

PART TWO: COLLEGE/UNIVERSITY INFORMATION

College/University School of Nursing	
College/University Address	
Degree Pursued: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors	<input type="checkbox"/> LPN

PART THREE: SIGNATURES

I certify and affirm that all statements and responses provided on this application (to include any attachments or supplemental materials) are true and correct to the best of my knowledge.

Student Name	Student Signature

APPLICATION CHECKLIST

- ☐ Completed and signed application
- ☐ Official Transcripts
- ☐ Signed Official Letter of Acceptance
- ☐ Two Letters of Recommendation