

**NERBNA Scholarship Information**

**\*\*nerbna.org\*\***

The members of the New England Regional Black Nurses Association (NERBNA), Inc. Scholarship Committee are pleased to offer you the opportunity to apply for scholarship assistance as you pursue your academic career.

We are committed to supporting all ALANA minorities (according to federal guidelines) for education in the field of nursing. Our communities need health care providers who understand the issues and the strategies that will promote effective change in the health status of people of minority populations.

**Eliza Mahoney Scholarship**- Awarded to a **high school senior student seeking to pursue a baccalaureate degree in nursing.** Students must be accepted and registered as a full-time student in a NLN-CNEA or CCNE accredited program. Award: $1000

▪ **Francis W. Harris**- Awarded to a full-time student enrolled in a NLN-CNEA or CCNE accredited nursing programs at the **associate or baccalaureate level.** Award: $1000

▪ **Jessica** NERBNA is pleased to offer the following academic scholarships to assist students in achieving their educational goals.

▪ **Mary M. Blanding Memorial Scholarship**-awarded to a license practical nurse pursuing an **associate or baccalaureate degree** in a NLN-CNEA or CCNE accredited nursing program. Award: $1000

▪ **The Maxine V. Fennell/ Robin Gaines Memorial Scholarship**- Awarded to licensed registered nurses (RN) enrolled in a NLN-CNEA or CCNE accredited program for a **bachelor, masters or doctoral degree** in nursing or public health. Award: $1500

▪ **E. Lorraine Baugh Scholarship**-Awarded to **masters or doctoral candidate** that demonstrates strong leadership qualities and is committed to the Black community. Award: $1500

▪ **Joanne Prince Scholarship Fund** – Awarded a student who is; a **certified nursing assistant** entering a nursing program, a **high school student** entering a nursing program**, and a nursing student interested in the field of gerontology.** Award $500

**Margaret Brown Scholarship-** Awarded to a full-time student enrolled in a NLN-CNEA or CCNE accredited nursing program at the **baccalaureate, or masters level** who is interested psychiatric nursing. Award: $1000

**Laura J. Wood Scholarship-** Awarded to a full-time student enrolled in a NLN-CNEA or CCNE accredited nursing program at the **baccalaureate, masters or doctorate** level who is interested in Pediatric. Award: $1000

1. **NERBNA Scholarship Criteria: The Applicant must,**

*Fill out the Application on nerbna.org (****only this website****)*

1. A resident of New England. **All scholarship recipients will receive a complimentary membership for 1 year.** 2. Be accepted to a nursing program. If recently accepted to a school of nursing, please provide a copy of the acceptance letter. If you are already in a program, please submit a letter of attendance for Sept of the application year.

3. Submit a resume or curriculum vitae

4. Submit an Official school transcript: The transcript must be sealed by the institution or sent through secure email from your educational institution.

5. Have a minimum grade point average of 2.7

6. **Have at least 1 year of school remaining**

7. Demonstration of leadership and/or community service to minority community (other than employment). Explain any financial hardship that has hindered your education.

9. Have at least 2 letters of recommendation that speak to the applicant’s worthiness for a scholarship. One of the letters must be from faculty member. **Recommendations cannot come from family members or friends.**

10. Submit a 2-page essay (no more than 2 pages) double spaced, **12-point font in** **Arial or Times, with one-inch margins.** The applicant must address one of the questions below.

**Note\*\*\**You must write on one of the essays below. Essays on anything else will be disqualified.***

1. Furthering my career in nursing will…. **(For Masters or PhD students only)** 2.Please describe why minority-nursing leadership is important and how it can assist you in furthering your career. **(For All applicants)**

3. I choose to pursue a career in nursing because…. **(For All applicants)**

4. **Please include information about financial need at the end of your essay**

4.Essay instructions: **2 pages** -**typed, double spaced, 12-point font in Arial or Times, with one-inch margins.**

**II. Application Start and Due Date: Please read carefully\*\*\*\***

1. Opens: Friday **November 8, 2024**
2. Due Date: Friday **February 14, 2025 at 11pm**

**III. The scholarship application should be filled out online at:** nerbna.org. Do not use any other web site to fill out an application.

Please **submit** the rest of the application package all together as a **“single** **PDF” file** as an attachment to NERBNA via email at nerbna72@gmail.com.

**Do not send in separate emails.**

**IV.** **College transcripts must be emailed via secure file to:** [**nerbna72@gmail.com**](mailto:nerbna72@gmail.com)

High school students may send electronically or send to the address below. **Postmarked by: Friday Feb 14, 2025**. Late transcripts will not be accepted.

**\*\*\*Please mail transcripts to:**

NERBNA, Inc.

PO Box 190690

Roxbury, MA 02119

**Late or incomplete applications will not be accepted.**

**V. Please note\*\*\*** All applicants must be accepted into a nursing program and attending that program in September of the awarded year to be eligible for the scholarship. Proof of admission or attendance is required**.**

**VI. Important*\*\*\*\*****You must sign and complete the honor code form and return it with your application.*

**New England Regional Black Nurses Association** 

**Scholarship Honor Code**

**By signing this form, I signify that I will be attending the nursing program that I have indicated on my application in the next fall semester of the scholarship awarded year.**

**\*\*\*\*Furthermore, if I do not attend the indicated nursing program, I will notify NERBNA and return the scholarship money awarded.**

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

**This form must be signed and returned with your application in order to receive a scholarship from NERBNA**