

Birmingham Black Nurses Association, Inc.

Application for Nursing Scholarship

(Type or Print in black ink)

Name: _____
Last First Middle

Daytime Phone: _____ Email: _____

Current Address: _____

City State Zip Code

Member of Birmingham Black Nurses Association: Yes _____ / No _____

Have you ever held a nursing license? Yes _____ / No _____

Name of current nursing school _____

Address City State Zip Code

Dean/Director's name _____

Nursing School's Phone # _____

Classification: _____ Expected Graduation Date: _____

Advisor: _____ Phone #: _____

I hereby affirm that all the information provided is true. I am aware that any false statement will result in forfeiture of the scholarship.

Signature: _____ Date: _____

Application packets are not reviewed if postmarked after October 1, 2009.