

## **Black Nurses Rock! Ocala, FL High School Student Scholarship Application Criteria**

In order to be considered for the Black Nurses Rock! Ocala, FL Chapter Scholarship Program, you will need to complete an application. To assist you, we have compiled a list of the information that you will need to complete the application. Please review the scholarship application carefully. Remember to submit **ALL** requested documents with your application.

-**Completed** application submitted by email to [bnrocalascholarship@gmail.com](mailto:bnrocalascholarship@gmail.com) by the deadline of August 3, 2018. Incomplete applications or those submitted after the deadline will not be reviewed by the scholarship committee.

-Official Transcripts postmarked by August 3, 2018. Transcripts must be mailed directly by the school or in an envelope signed and sealed by a school official. Transcripts must be mailed to BNR Ocala, PO Box 5545, Ocala, FL 34478

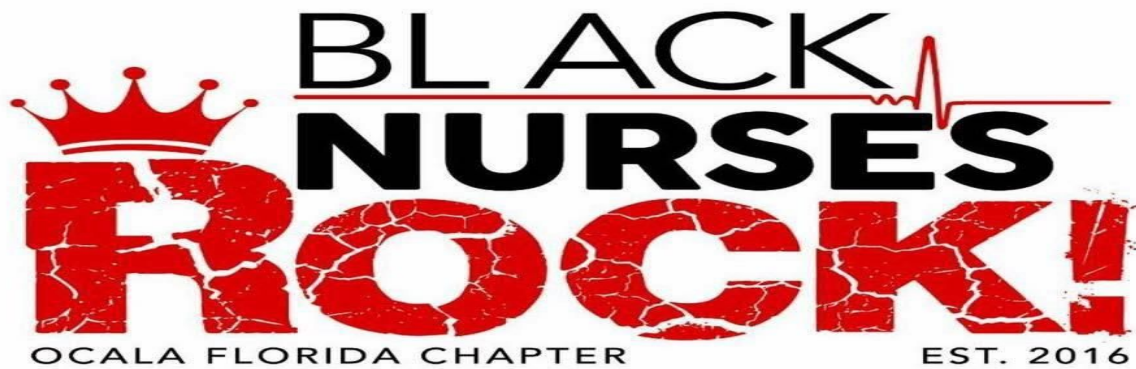
-Submit a two page, typed, 12 point font, 1” margins and double-spaced essay. Essay **MUST** address the topic, “Why do you desire to pursue nursing?”. Please include sources of inspiration and goals.

-Current professional photo (headshot). Recipients consent to the publication and public distribution, including through news media and websites, of the announcement of scholarship funding (including digital photos), either as part of the awards promotional activities or for other educational purposes.

-Must have graduated from a Marion County, FL high school with a minimum GPA of 2.5.

-One letter of recommendation. Letter must be from applicant's high school teacher, guidance counselor or dean; a nurse or a community leader. Letter must address your academic aptitude, scholarship, and seriousness of purpose.

-Validation of Marion County residency. Attach a copy of current driver's license, voter registration card or student ID.



### High School Student Scholarship Application

Name \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Date you became a Marion County Resident \_\_\_\_\_

#### High School Enrollment:

Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guidance Counselor \_\_\_\_\_ School Phone # \_\_\_\_\_

Beginning Date \_\_\_\_\_ Graduation Date \_\_\_\_\_

Current GPA \_\_\_\_\_ Advisor \_\_\_\_\_

List honor societies, civic organizations, or charitable/community groups of which you are currently a member, any office held, and extent of your involvement.

Organization	Office	Involvement

**Strict Deadline for application packet submission is August 3, 2018.**

You are requested to make a copy of this application and references for your records. The original and all supporting documents are to become the property of Black Nurses Rock! Ocala, FL Chapter and are not returnable. If additional space is necessary to answer any of the questions, please feel free to add pages.

It is the responsibility of the applicant to be sure that current transcripts are delivered to Black Nurses Rock! Ocala, FL Chapter with a postmark of August 3, 2018 or your packet will be considered incomplete and ineligible for review.

Once you send your application packet, you will receive a confirmation email of receipt from Black Nurses Rock! Ocala, FL Chapter Scholarship Committee. Please keep this receipt for your records.