

KYANNA Black Nurses Association of Louisville, Kentucky Inc.

Nursing Scholarship Criteria

KYANNA Black Nurses Association offers nursing scholarships to African-American students enrolled in the nursing major. Applicants must meet the following criteria:

1. Member of KYANNA (as of March 31, 2019).
2. Enrolled in a pre-licensure registered nurse (ASN or BSN) or licensed practical nurse program, LPN>RN program, RN>BSN program, or a graduate nursing program.
3. Actively enrolled in the nursing major and taking classroom and clinical classes taught by nursing faculty.
4. Cumulative GPA of 2.6 or higher.
5. Attend a college/university in Jefferson County, Frankfort, Elizabethtown in KY or Floyd and Clark counties in southern Indiana.
6. Submit an application packet (application, recommendation letters, transcript and essay) by April 12, 2019.
7. Submit two letters of recommendation from nursing faculty (or one from nursing faculty and one from your academic advisor) supporting your character and academic potential
8. Submit a transcript of the most recent semester from your college or university (official or unofficial).
9. Submit a short essay (250 words or less) on why you have selected nursing as your career choice. Include community service/church activities.
10. Scholarship recipients are encouraged to follow up with correspondence to KYANNA explaining how the scholarship has been a benefit to their education.

Scholarship applications and all required information must be completed and returned as a packet to KYANNA . ***The packet must be postmarked by the April 12, 2019 deadline.*** Send materials to:

KYANNA
Nursing Scholarship Committee P.O.
Box 3501
Louisville, Kentucky 40201

Note: Scholarships will be awarded at the 2019 KYANNA-BNA Gala to be held on Saturday, May 18, 2019.

**KYANNA Black Nurses Association of Louisville, KY, Inc.
Scholarship Application**

Part I

Date _____ KYANNA Member Y N Date joined _____

Applicant _____
 First Middle Last

Address _____

City _____ State _____ Zip Code _____

Telephone: Home () _____ Cell () _____
e-mail _____

Part II

School of Nursing _____ Year/level _____ Graduation date _____

Degree: LPN ___ ASN ___ BSN ___ Graduate ___ Type of Degree: _____

School Address _____

City _____ State _____ Zip Code _____

School Phone _____

Cumulative GPA _____ (Attach transcript)

Director/Dean Signature _____ Date _____
Verifies enrollment

Director/Dean of Nursing (print) _____ credentials _____

Part III

Submit two (2) letters of recommendation from nursing faculty (or one letter from nursing faculty and one from your academic advisor) supporting your character and academic potential.

Part IV

Express in 250 words or less why you have chosen nursing as your career choice. Include any community service and/or church activities you have been involved in. Must be typed. Return all documents in one package and mail to:

**KYANNA
Nursing Scholarship P.O.
Box 3501
Louisville, Kentucky 40201**