

#### Dr. Enrica Kinchen Singleton (EKS) Scholarship

#### **Criteria/Application Checklist**

### **Personal Information:** Applicant Name: \_\_\_\_ Current Address: Phone: (H): \_\_\_\_\_(C): \_\_\_\_\_ School of Nursing Program: Program Location: City Zip Address **Application Checklist/Criteria: (Must complete all)** []Applicant is a resident of one of the following parishes: [] Acadia [] Iberia [] St Landry [] Lafayette [] St. Martin [] Vermilion \*\*[] Baton Rouge/Rapides (pending ABNA chapter members) [] Evidence of active participation in at least 2 community health service activities; Non ABNA activities = 1 point; ABNA activities = 2 points; Note: Health service activities may include but not limited to: Annual President's Scholarship Gala, NAUW Health literacy Resource, Collaborative community screenings (100 Black Men Health Expo, Colorectal/Cancer, MLK Day) [] Be eligible to sit for the NCLEX-RN exam. [] Cumulative GPA of 2.5 or above [on a 4.0 scale] or higher (at time of application submission) [] Two (2) Support/Recommendation Letters are substantive Non ABNA member/mentor = 1 point Current ABNA member = 2 points Biosketch/Narrative Biosketch/Personal statement: (1 page/500 words to include the following information): 1. Tell us about yourself 2. Document extracurricular activities or volunteer involvement in diverse and/or underserved 3. How will ABNA stipend help you meet ABNA initiatives? Obtaining a BSN or an Associate of Nursing degree by Applicant Signature: \_\_\_\_\_\_\_Date: \_\_\_\_\_\_



# Dr. Rebecca Harris Smith (RHS) Launcher Stipend Criteria Application

Personal Information:			
Applicant Name:			
Current Address:			
Phone: (H):		(C):	
LPN School of Nursing I	Program:		
		a:	
Ac	ldress	City	Zip
$\mathbf{A}\mathbf{p}$	plication Checl	klist/Criteria: (Must complete all)	
	[] St Landry	llowing parishes: [] Lafayette	ion
		2 community health service activities; BNA activities = 2 points;	
Annual President's	Scholarship Gala	include but not limited to:  a, NAUW Health literacy Resource,  b (100 Black Men Health Expo, Colorecta	al/Cancer, MLK Day)
[] Be eligible to sit for th	e NCLEX-PN e	exam within the next 18 months.	
[] Cumulative GPA of 2.	5 or above [on a	a 4.0 scale] or higher (at time of applied	cation submission)
[] Two (2) Support/Reco Non ABNA mem Current ABNA me	ber/mentor = 1 1	point	
[] Biosketch/Narrative Biinformation):	osketch/Personal	statement: (1 page/500 words to include	e the following
communities	curricular activitie	es or volunteer involvement in diverse ar	nd/or underserved
Applicant Signature:	_ ,		
		Date:	



# **Community Service**

Please provide information on your participation in community activities.

Community Service Provided	Participation Year (Example 2019- 2020)	ABNA initiative? Yes or NO	Location of service

My signature indicates all information provided is true and accurate. Today's Date:



### **Biosketch/Personal Statement Form**

In 500 words (one page, 3 paragraph, please)

<sup>1</sup> Tell us about yourself <sup>2</sup> Document extracurricular activities or volunteer involvement in diverse and/or underserved community <sup>3</sup> How will ABNA launcher award help you meet ABNA initiatives?				



### **Reference Form**

Applicant Name:	Date:
REFER	RENCE RESPONSE
Name:	Title:
A 11	
Phone contact:	Fax:
Capacity in which reference has know	n applicant:pplicant:
perception of the applicant's committee related organizations.  2. Provide a brief description of the a	erience in working with the applicant, what is your ment to volunteerism and/or involvement in school applicant's activities and involvement in health related n, mental health, cancer, heart disease, diabetes, etc.

Reference Signature	Date:	_