

**EBONY NURSES ASSOCIATION OF TACOMA  
PO BOX 8208 - TACOMA, WA. 98419  
253 564 5326**

**SCHOLARSHIP APPLICATION**

**DEADLINE : December 31st**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**CURRENT UNIVERSITY/COLLEGE** \_\_\_\_\_

**NAME OF UNIVERSITY/COLLEGE NURSING PROGRAM YOU ARE/WILL BE ATTENDING?**

\_\_\_\_\_ **CITY & STATE** \_\_\_\_\_

**TYPE OF PROGRAM FOR WHICH YOU WOULD APPLY THE SCHOLARSHIP AWARD?**

\_\_\_\_\_ **DOCTORATE** \_\_\_\_\_ **MASTER'S**

\_\_\_\_\_ **BACHELOR'S** \_\_\_\_\_ **ASSOCIATE** \_\_\_\_\_ **PRACTICAL NURSE**

**ANTICIPATED GRADUATION DATE FROM NURSING PROGRAM** \_\_\_\_\_

**IS THE PROGRAM:** \_\_\_\_\_ **ON LINE OR** \_\_\_\_\_ **IN RESIDENCE**

**MARITAL STATUS:** **SINGLE** \_\_\_\_\_ **MARRIED** \_\_\_\_\_ **WIDOWED** \_\_\_\_\_ **DIVORCED** \_\_\_\_\_

**NUMBER OF DEPENDENTS** \_\_\_\_\_

**I acknowledge that a condition of receiving this award obligates me to attend a meeting of the organization and write an acknowledgement to the organization.** \_\_\_\_\_  
**signature**

**This space for Scholarship Committee use) Date received** \_\_\_\_\_

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**EDUCATION:**

**Please list educational institutions attended, with most recent first:**

<b>University/College</b>	<b>City/State</b>	<b>Dates attended</b>	<b>Degree obtained</b>
University/College	City/State	Dates attended	Degree obtained
University/College	City/State	Dates attended	Degree obtained

**What is your current class status?** \_\_\_\_\_

**When were you accepted into the School of Nursing? Date** \_\_\_\_\_

**COURSES IN WHICH YOU ARE CURRENTLY ENROLLED:**

<b><u>Course Title</u></b>	<b><u>Course Title</u></b>
_____	_____
_____	_____
_____	_____
_____	_____

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**FINANCIAL INFORMATION:** (This information remains confidential)

**Employment: Please list most recent employment first:**

Place of employment	Job Title	Dates worked	Hours per week	Hourly wage
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Place of employment	Job Title	Dates worked	Hours per week	Hourly wage
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Place of employment	Job Title	Dates worked	Hours per week	Hourly wage
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**List other means of financial assistance (scholarships, grants, loans, etc.):**

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Are you receiving financial assistance from family? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain type and amount of support:

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**Please itemize current and expected expenses:**

Tuition: \_\_\_\_\_ per quarter/semester

Other: Books, Supplies, Fees, Room & Board, Transportation

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**COMMUNITY ACTIVITIES:**

**Please list organizations, church, volunteer work, etc., in which you are involved. Indicate any offices or positions held.**

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**Please list any awards or honors you have received.**

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**Please list your hobbies or how you spend your leisure time.**

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**Please discuss any other circumstances which could impact your educational progress or that you would like the committee to consider but has not been covered elsewhere in the application.**

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**Parts of Form adapted from Mary Mahoney Professional Nurse Organization, Seattle, WA.**

**Rev. 11/2013**