



Black Nurses Rock Foundation  
Delaware Chapter, Incorporated  
P.O. Box 11731  
Wilmington, DE 19850  
302-310-0499



## Black Nurses Rock Foundation Delaware 2025 College Scholarship Program

Due: April 30, 2025

Dear College Applicant,

We are proud of your effort and determination to continue your college education. Your commitment to being a nurse will provide future dividends for the nursing profession and vulnerable communities. The Black Nurses Rock Foundation Delaware Chapter was founded in 2015 to provide health education and activities to underserved communities and provide scholarship opportunities.

Below are the criteria and requirements each applicant must meet to be eligible for consideration. Please review the criteria with requirements and complete the application before the final submission.

All applications and requested documents must be submitted on or before April 30, 2025, to: [BNRDEscholarship@yahoo.com](mailto:BNRDEscholarship@yahoo.com) or mailed to P.O. Box 11731, Wilmington, DE 19850.

Nursing scholarship criteria and scholarship packages will include:

1. The applicant must be a minority student nurse.
  2. The applicant must be actively enrolled in one of the accredited nursing programs:
    - LPN to ASN
    - ASN to BSN
    - BSN to MSN
    - MSN to DNP
  3. The applicant must submit an unofficial transcript with matriculation in nursing and a GPA of 3.0 or greater.
  4. Submit a resume or CV.
  5. The applicant must submit a letter of recommendation from an academic advisor.
  6. The applicant must submit an essay of 500–750 words with the following:
    1. Academic and personal goals.
    2. Why did you choose to go into the nursing profession?
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- a. What will you give back to the community after obtaining your nursing degree?
- b. If selected as a Black Nurses Rock Foundation scholar, what vulnerable community event will you volunteer to help educate those impacted by heart disease, diabetes, breast health, youth programs, and HIV/AIDS?
- c. What health issues would you like to address or focus on in the communities?

7. You must not have received a Black Nurses Rock Foundation, Delaware Chapter scholarship within the past 2 years.

8. Applicant must complete and submit a service letter with at least 60 community volunteer hours within the last two years. These hours must exclude any mandated college volunteer hours.

9. The Black Nurses Rock Foundation, Delaware chapter members who actively participate in chapter outreach events and fundraisers and meet the criteria are eligible to apply for this scholarship.

10. Applicant must provide proof of residency in the State of Delaware (home address for school registration, place of registration to vote, or family's primary residence) during the 2025-2026 academic school year.

\*\*Acceptable documentation: Delaware driver's license or Delaware state identification card, home address for school registration – family's primary residence, bill, voter registration card.

### Application Deadline

Completed applications with ALL the required documentation must be scanned and emailed to: [bnrdescholarship@yahoo.com](mailto:bnrdescholarship@yahoo.com) or mailed to Black Nurses Rock Foundation Delaware, P.O. Box 11731, Wilmington, DE 19850 (mailed packets must be postmarked by April 30, 2025). Applications postmarked after this date will not be considered.

### Requirements of Scholarship Awardee for 2025-2026:

1. The scholarship awardee must participate in two volunteer opportunities (heart disease, diabetes, breast health, HIV/AIDS, etc.) with the Black Nurses Rock Foundation Delaware before the Fall semester of the academic school year, 2025-2026.
2. The scholarship awardee(s) must participate in the Black Nurses Rock Foundation Delaware's event to be recognized and honored as the scholarship recipient.
3. Upon meeting the two (2) requirements, the scholarship funds will be sent to the finance department of the selected university to be applied to the student's account. The scholarship will be voided if the applicant does not meet ALL the remaining criteria for acceptance.

Black Nurses Rock Foundation Delaware  
Scholarship Committee



# BLACK NURSES ROCK FOUNDATION DELAWARE COLLEGE SCHOLARSHIP APPLICATION



Legal Name in Full \_\_\_\_\_  
(print/type) Last Name First Name M.I.

Permanent \_\_\_\_\_  
Residence Number, Street, and Apartment Number

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

School/College \_\_\_\_\_  
Residence Number, Street, and Apartment Number  
Address (If different)

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

School Telephone: \_\_\_\_\_ Other: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Check one:

I am a \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ U.S. National \_\_\_\_\_ Student on VISA

\_\_\_\_\_ Resident alien expecting citizenship by \_\_\_\_\_ (date must be before the award date of scholarship)

Highest college degree with major: \_\_\_\_\_

Name of Institution (enrolled): \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street

City

State

Zip

Current Cumulative GPA \_\_\_\_\_ on a scale of \_\_\_\_\_

Undergraduate Major(s) \_\_\_\_\_

Graduate Major \_\_\_\_\_

Number of Earned College Credits:

Date: \_\_\_\_\_ Total number of credits required for graduation \_\_\_\_\_

Expected completion date and/or date received for each degree (complete all that apply):

Date: \_\_\_\_\_ Associate Degree \_\_\_\_\_  
(concentration)

Date: \_\_\_\_\_ Bachelor Degree \_\_\_\_\_  
(concentration)

Date: \_\_\_\_\_ Master's Degree: \_\_\_\_\_  
(concentration)

Date: \_\_\_\_\_ Doctorate Degree: \_\_\_\_\_

Other/additional degree:

Date: \_\_\_\_\_ Degree: \_\_\_\_\_



List the secondary school you graduated from and/or higher education institutions you attended. Including summer, study abroad, and exchange programs (if applicable):

School	Location	Dates Attended

List college and high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc. (if applicable)).

<u>College Activity</u>	<u>Dates</u>	<u>Offices</u>

<u>High School Activity</u>	<u>Dates</u>	<u>Offices</u>



List of public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance.

<u>Activity</u>	<u>Role</u>	<u>Dates</u>	<u>Active (Y/N)</u>

Continuation of activities, public service, or additional information (if needed):

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\_\_\_\_\_ (initial) I understand that I must complete two (2) community activities and an awardee celebration with Black Nurses Rock Foundation Delaware before receiving the scholarship funds.

\_\_\_\_\_ (initial) I have not received a previous scholarship from the Black Nurses Rock Foundation Delaware in the past 2 years.

\_\_\_\_\_ (initial) I AFFIRM that the information provided is complete, accurate, and true to the best of my knowledge.

By signing this application, I permit the Black Nurses Rock Foundation Delaware to publicize my scholarship award if chosen as the recipient.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_