

**South Eastern Pennsylvania Area Black Nurses Association, Inc.**

**P.O. Box 4971 - Philadelphia PA 19119-0071**

**□ Inez Tory-Morrison Memorial Scholarship**

As an expert nurse, Inez Tory-Morrison was known for her exemplary professional and community service. She had a passion for the National Black Nurses’ Association (NBNA) where she served as a vote tabulator during the NBNA annual election process. As SEPABNA Treasurer, she had a fondness for money management and spearheaded many successful fundraising efforts. She was passionate about nursing and life, and readily gained the love, respect and admiration of all who met her. This scholarship is designated for single parents and is intended to continue Mrs. Tory-Morrison’s legacy of dedication and service to the nursing profession.

**□ Lucy E. Yates Memorial Scholarship**

SEPABNA named a nursing scholarship in memory of Dr. Lucy E. Yates in 2016. She was known as a trailblazer in the nursing profession and devoted her career to education and professional advancement for nurses. She had a passion for the National Black Nurses’ Association (NBNA) which drove her to become the founding president of SEPABNA in 1982. This scholarship is intended to continue Dr. Yates’ legacy of demonstrated leadership, dedication and innovation to the nursing profession.

**□ Minie Murphy Memorial Scholarship**

Mrs. Minie Murphy was a cherished and dedicated member of SEPABNA. She was known as being compassionate and business minded. Mrs. Murphy was a consummate psychiatric mental health nursing professional who devoted her career to mentorship and recruitment of new members. She had a passion for the National Black Nurses’ Association (NBNA) and SEPABNA where she served in many leadership capacities. This scholarship is established as the intention to continue Mrs. Murphy’s legacy of dedication and service to the nursing profession.

**□ MEMORIAL SCHOLARSHIP STATEMENT**

This Memorial Scholarship is in memory and honor of dedicated SEPABNA members who have transitioned. It is intended to continue their legacy and contributions to the nursing profession and to support those pursuing nursing education or advanced professional degrees.

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**Scholarship Application**

**DIRECTIONS FOR SCHOLARSHIP APPLICATION COMPLETION**

**ELIGIBILITY:**

* Active SEPABNA members are eligible for only one scholarship award per year.
* Proof of active participation in SEPABNA as evidenced by 50 % attendance at general meetings, participation in chapter committees, or community/professional events sponsored by SEPABNA for at least six (6) months before applying.

**REQUIREMENTS:**

 Submit:

* One (1) page typewritten, double-spaced essay. The essay should be no more than 500 words in 12-point, Times New Roman font. The essay should address the following questions:
* Why should I receive a nursing scholarship from SEPABNA?
* How will I use the scholarship funds to advance the health of vulnerable populations?
* Include an updated resume or curriculum vitae (CV).
* The resume or CV should include employment history, community involvement, awards, and educational goals.
* Proof of program enrollment/acceptance. Evidence of program enrollment or acceptance includes:
* Official transcript, or
* Letter of program acceptance
* Two (2) letters of recommendation. Letters of recommendation should come from the following:
* SEPABNA Board Member
* A personal reference

**SCHOLARSHIP DISTRIBUTION GUIDELINES**:

* Only completed applications will be considered for a tuition scholarship or a book award.
* Applications **MUST** be received by ***April 30th of the current year***.
* The dollar amount of scholarships will be determined by fund availability and awarded individually as determined by the committee.
* The scholarship funds will be disbursed after providing the required information and committee notification of the intended scholarship award.



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**Scholarship Application**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you:      Currently a licensed nurse? Y      N                      SEPABNA member? Y      N

Nursing School Enrollment:

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Person:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Academic Level Achieved:      □ High School         □ Undergraduate (LPN, Diploma, ADN, BSN)

□ Graduate (Type of program) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_   Expected date of graduation: \_\_\_\_\_\_\_\_\_\_\_

I now affirm that all information provided is accurate, and I understand that any false statements will forfeit the award. If I receive a scholarship, I agree to maintain an ***active*** SEPABNA membership for at least two (2) years. ***Active membership denotes 50 % attendance at general meetings, participation in chapter committees, or community/professional events sponsored by SEPABNA.***

 Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Kindly scan and send all SEPABNA Scholarship materials via email to:](http://www.sepabna.org/contact_us)

[sepabna82@gmail.com](mailto:sepabna82@gmail.com) - Attention – Scholarship Application

 For any questions/concerns, contact the SEPABNA Education, Scholarship, and Mentoring Committee at the email address above.



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**Scholarship Application**

**APPLICATION CHECKLIST - RETAIN FOR YOUR RECORDS**

□ Official Transcript

□ Resume/CV

□ Two (2) Letters of Recommendation

□ Proof of Matriculation/Acceptance

□ Essay

Date Application Emailed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Revised, 5/23; 1/21 CBW, AB, E.D., MH**