



Eastern Oklahoma Black Nurses Association, Inc

PO Box 52297

Tulsa, Oklahoma 74152

Dear Student:

The Eastern Oklahoma Black Nurses Association, Inc is pleased with your decision to complete its application for a scholarship award.

Eastern Oklahoma Black Nurses Association, Inc extends scholarship awards as part of its health service initiative. We are proud to have continued this award as part of our local chapter's programming, since its inception in 2010. Scholarship awards are based on financial need and scholastic achievement(s) to current RN and LPN nursing students. As we are unable to meet the needs of every student who applies, certain information must be included with the application for our scholarship committee to review. Be advised, that any information you provide will be kept confidential; and will not be shared with any other organization or legal entity.

### **Eligibility Criteria:**

All of the following items must be included in your completed application form:

- 1. Must be current student enrolled in an accredited registered or licensed practical nursing program***
- 2. Completed scholarship application with information from pages 1-3 included***
- 3. For RN programs, current transcript showing a cumulative GPA of 2.7 on a 4.0 scale. The transcript must include the Spring 2026 semester.***
- 4. For LPN programs, current progress report showing progression in your program and a cumulative GPA of 2.7 on a 4.0 scale.***
- 5. One letter of recommendation – from a non-family member, (i.e. professor, dean, community leader, organization leader, or counselor)***
- 6. One typed, (1) page essay describing your need for the scholarship, your goals, and aspirations for the future. APA Format***

**\*Omission of any of the above will forfeit your application\***

All information must be sent via US mail (not hand-delivered) to the address referenced within the scholarship application and must be **postmarked by July 10th, 2026**. All applicants will be notified via email of award results no later than August 1st, 2026. Additionally, please note awards will be distributed at our Scholarship Luncheon in August. Date and details will be confirmed in your letter. **Your presence is necessary.**



Good luck and our sincere wishes for a successful future.

**Maleatha James**

Chapter President/Chair

**Dr. Angela Elmore**

Vice President



## Eastern Oklahoma Black Nurses Association, Inc

*\*Please print legibly in black and/or blue ink or type\**

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

Address \_\_\_\_\_

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

Cell phone number: \_\_\_\_\_

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

### EDUCATION

School of Nursing: \_\_\_\_\_

Current Academic Semester or Classification: \_\_\_\_\_

\*GPA \_\_\_\_\_

**\*Official School of Nursing transcript or progress report must be submitted. It should include last 2 semesters of nursing school.**

List any scholarships and amounts you have already received. ***\*Attach additional paper if necessary\****

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### ACTIVITIES

Health Related Community Service

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Academic – Honors/Recognitions

(National Honor Society, Honor Roll, Class Officer, etc.). ***\*Attach additional paper if necessary.\****



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**EOBNA Scholarship – Page 2 of 3**

**ESSAY**

In the space below, type a one (1) page essay describing why you would like to be considered for the Eastern Oklahoma Black Nurses Association Scholarship. Please include your goals, any challenges, or financial disadvantages you have faced as you've worked to advance your education in nursing. APA Format



## ACKNOWLEDGEMENT

PLEASE REVIEW AND SIGN THE FOLLOWING STATEMENT.

I verify the information requested/listed below, along with my completed scholarship application form, has been submitted in order to receive consideration for the,

Eastern Oklahoma Black Nurses Association, Inc health service program scholarship.

**I understand omission of any of the following will forfeit my scholarship application.**

- *Enrollment in RN or LPN program*
- *Completed scholarship application with information from pages 1-3 included*
- *Complete, most current, official transcript or progress report showing last 2 semesters, GPA 2.7 or above*
- *One letter of recommendation – from a non-family member, (i.e. professor, dean, community leader, organization leader, or counselor)*
- *One (1) page essay on your reason for the application, and your goals and aspirations for the future*

***I hereby certify the information contained herein is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

**\*Applications must be received via US mail (not hand-delivered) and must be postmarked no later than July 10th, 2026\***

**Return to:** Eastern Oklahoma Black Nurses Association, Inc  
PO Box 52297  
Tulsa, Oklahoma 74152