**Acadiana Chapter of National Black Nurses Association**

**Dr. Enrica Kinchen Singleton (EKS) Scholarship Award**

***Scholarship, Service, Professionalism***

**Application Reference Form**

I, give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name**

to submit a reference on my behalf to the **A**cadiana **B**lack **N**urses **A**ssociation in consideration for the Dr Enrica Kinchen Singleton (**EKS)** Scholarship Award.

(**You may use the back of this form to complete the reference response).**

Applicant Signature: **Date**:

**REFERENCE RESPONSE**

Name: Title:

Organization:

Address:

Phone contact: Fax:

Capacity in which reference has known applicant:

Length of time reference has known applicant:

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1. Based on your knowledge and experience in working with the applicant, please comment on the applicant’s ability in the following areas:
2. **Scholarship (**statement of evidence or knowledge of academic potential or progress of applicant)
3. **Service -** Provide a brief description or listing of the applicant’s active involvement in health related community activities such as nutrition, mental health, cancer, heart disease, diabetes, etc.

**Dr. Enrica Kinchen Singleton (EKS) Scholarship Award (Continued)**

**Service (Continued)-** Provide a brief description or listing of the applicant’s active involvement in social, educational, and/or health related community activities such as nutrition programs, tutoring, mental health, cancer, heart disease, diabetes, etc

1. **Professionalism** (Examples reflecting character, competency, consumer respect, appropriate communication skills)

Please free to make any additional comments below.

**Signature:**

Place this reference form in an official envelope from your organization, sign your name over the sealed flap and return to the applicant to be submitted with the applicant’s application packet. **Thank you**.

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**Acadiana Chapter of National Black Nurses Association**

**The 2016 Dr. Enrica Kinchen Singleton**

***Scholarship, Service, Professionalism***

**APPLICATION INFORMATION AND FORMS**

**CRITERIA:**

Applicant is resident of Parishes within ABNA membership constituents

**Acadia, Baton Rouge, Iberia, Lafayette, Rapides, St Landry, St Mary, Vermilion**

obtaining a Bachelor’s or an Associates of Nursing degree by \_May, 2016\_\_\_\_

**[]** Cumulative GPA of 3.0 [on a 4.0 scale] or higher (**last year in nursing program**)

**[]** Submit official copy of school transcript: (Mail to address below)

**[]** Two signed letters of support of volunteer activity on an organization’s letterhead.

(One volunteer organization; one academic/school of nursing)

[] Demonstrates active involvement as a volunteer activities related to NBNA/ABNA

Initiatives that address educational, social, and health disparities.

**[]** Current Professional Headshot photo no larger than 5 x 7 (signature on back of photo)

**[]** Biographical Narrative

**[]** Submit a typed 250 word personal statement indicating evidence of commitment to

NBNA initiative and your contribution to the cause. (You may use the back of this

application to complete the essay).

**Applicant Signature:**

**Return to:**

Acadiana Chapter, National Black Nurses Association **(ABNA)**

P.O. Box 93111

Lafayette, La. 70506-3111

**Attention**: Dr. Nellie Prudhomme, RN-BC, Scholarship Committee

**Contact**: Phone: (337) 739-9634 **Or** [www.abna1611.com](http://www.abna1611.com)

***:***

Application Deadline Postmarked by: November 18, 2015

*A****pplication will be considered incomplete without the following documents*: two (2) *references and Nursing Program Administrative Official.***

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**Application**

**Dr. Enrica Kinchen Singleton**

***Scholarship, Service, Professionalism***

**Student Recognition Award**

**Personal Information:**

Applicant Name:

Current Address:

Phone: (H) Cell Email:

School of Nursing Program

Program Address:

**Application Packet/Checklist:**

Applicant is a resident of one of the following parishes:

**[] Acadia [] Baton Rouge [] Iberia [] Lafayette [] Rapides [] St Landry [] St Mary [] Vermilion**

**[]** Obtaining a Bachelor’s or an Associates of Nursing degree by \_\_May 2016\_\_\_\_\_\_\_\_\_

**[]** Cumulative GPA of 3.0 (on a 4.0 scale) or higher (**last year in nursing program**)

**[]** Submit official copy of school transcript: (Mail to address below)

**[]** Two signed **sealed** letters of support of volunteer activity on the organization’s letterhead.

(One from volunteer organization; one from academic/school of nursing)

**[]** Current photo (5 x 7 headshot preferred)

**[]** Biographical Narrative

**[]** Submit a typed 250 word personal statement indicating evidence of commitment to NBNA

initiative and your contribution to the cause. (You may use the back of this application to

complete the essay).

[] **Verification of ABNA/NBNA member status. (Statement from ABNA chapter President or**

**current NBNA member card**)

**Applicant Signature:**

**Return all original completed application forms together to:**

Acadiana Chapter, National Black Nurses Association **(ABNA)**

P.O. Box 93111 Lafayette, La. 70509-3111

**Attention**: Dr. Nellie Prudhomme, RN-BC, Scholarship Committee

**Phone: (**337) 739-9634 OR email: [www.abna1611.com](http://www.abna1611.com)

**Application** **Deadline**: November 18, 2015