



S.E.P.A.B.N.A.

South Eastern Pennsylvania Area Black Nurses Association, Inc.

P.O. Box 42463 - Philadelphia PA 19101-2463



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.



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.



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.

KINDLY CHOOSE ONE OF THE ABOVE SCHOLARSHIPS FOR YOUR APPLICATION



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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, and/or in community/professional events sponsored by SEPABNA for at least 6 months prior to submitting an application.

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 matriculation/acceptance. Evidence of program matriculation or acceptance include:
 - 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 and/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 on an individual basis as determined by the committee.
- The scholarship funds will be disbursed after provision of required information and committee notification of 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 hereby affirm that all information provided is true. I understand that any false statements will forfeit the award. If I am the recipient of a scholarship, I agree to maintain ***active*** SEPABNA membership for a period of at least two (2) years. ***Active membership denotes 50 % attendance at general meetings, participation in chapter committees, and/or in community/professional events sponsored by SEPABNA.***

Print Name: _____ Signature: _____ Date: _____

Kindly scan and send all SEPABNA Scholarship materials via email to:

cynwri2611@verizon.net or cynwri365@yahoo.com Attention – Scholarship Application

For any questions/concerns contact: Cynthia Wright RN, CDE, CTTS, at emails above or call (267) 335-7917



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Scholarship Application

APPLICATION CHECKLIST - RETAIN FOR YOUR OWN RECORDS

- Official Transcript

- Resume/CV

- Two (2) Letters of Recommendation

- Proof of Matriculation/Acceptance

- Essay

Date Application Emailed _____