

**Marjorie Anita Andrews Nursing Scholarship Award**

             Dr. Patricia A. McLean is dedicated to the nursing profession and gives back to nurses and the nursing community as mentor, educator, professional committee member, and offers monetary assistance for nursing students. However, this accomplishment was fostered from early childhood in Trinidad, West Indies, by her mother, Marjorie Anita Andrews, who sacrificed financially and instilled the importance of education. Sadly, in 2011, when Dr. McLean was presenting a nursing scholarship award to a NYBNA recipient, her mother died. This continued commitment to nursing and professionalism is now reflected twofold: the legacy of the annual Marjorie Anita Andrews Nursing Scholarship Award offered in her name for nursing students striving to become "real nurses”, and the accomplishment of a Doctor of Nursing Science (DNS) degree, her proudest accomplishments for honoring her mother.

**Applicant Criteria**

1. The applicant must be a Trinidad/Tobago national, or whose parents were born in Trinidad or Tobago.

2. The applicant must have a Cumulative Grade Point Average (GPA) of at least 3.0.

3. Two (2) letters of recommendation (one from applicant’s school of nursing: Dean, Instructor, Counselor, etc.) on school letterhead

4. The applicant must be a student of an accredited school of nursing.

5. The applicant must write a one-page essay on why they should be a candidate for this award.

6. Deadline for application submission is October 15th each year

APPLICATION FOR

**MARJORIE ANITA ANDREWS NURSING SCHOLARSHIP**

DEADLINE IS OCTOBER 15TH EACH YEAR

**Please type or print in Ink**

1. NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last) (First) (Middle)

2. CURRENT ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number Street/Avenue Apt

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_

 County/City State Zip Code

3. DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

 Month Day Year

 SOCIAL SECURITY # \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

4. DO YOU CURRENTLY HOLD A NURSING LICENSE? YES ( ) NO ( )

 If “Yes” Give License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_

5. CURRENT SCHOOL OF NURSING ENROLLMENT

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 County/City State Zip Code

Dean/ Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expected Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. EXTRA CURRICULAR/COMMUNITY ACTIVITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. ARE YOU AN NBNA STUDENT MEMBER? YES ( ) NO ( )

 If Yes: Local Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby affirm that all information is true. Any false statement will forfeit the award.

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 Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Date

Send completed application to:

**New York Black Nurses Association**

**P.O. Box 3635**

**New York, NY 10163**

**Or Send Electronically to** **INFO@NYBNA.ORG**