

NATIONAL CONCLAVE of GRADY GRADUATE NURSES, INC.

ATLANTA CHAPTER

PO BOX 160263

ATLANTA GEORGIA 30316

Cheryl Freeman, RN
President

Vedicia Eastman, RN
Secretary

Inell Robinson, RN
Treasurer

Dear Dean:

Atlanta Chapter, National Conclave of Grady Nurses, Inc. , Atlanta, Georgia provides a scholarship to a qualifying nursing student. The selected student will be awarded the scholarship through the Financial Aid office of the respective school of enrollment.

Atlanta Chapter, National Conclave of Grady Graduate Nurses, Inc. is an organization of Professional Registered Nurses. Most members of the organization are alumnae of Grady Memorial Hospital School of Nursing. Although Grady's school of nursing is closed, as a group we support students entering the field of nursing. To achieve this objective, the Organization on both the national and local levels provide scholarships to nursing students.

Enclosed in this letter are the application packets and a flyer announcing this scholarship along with eligibility criteria. We ask that you post this flyer announcing this scholarship so that students at your institution may apply to receive the scholarship.

If additional information is needed, please do not hesitate to contact Z. Simmons 404-608-1627 or Mary R. Scott 404-241-4768. Thank you for your support.

Yours truly,

Cheryl Freeman, RN
President

Z. Simmons-Clarke
RN, MPH, PHD
Scholarship Committee Chair

NATIONAL CONCLAVE of GRADY GRADUATE NURSES, INC.

Atlanta Chapter
P. O. Box 160263
Atlanta, Georgia 30316

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Dear Financial Aide Officer:

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NATIONAL CONCLAVE of GRADY GRADUATE NURSES, INC.

Atlanta Chapter
P.O. Box 160263
Atlanta, Georgia 30316

Dear Student:

Please be informed that names and pictures of scholarship recipients will be used in our news publication and archived for the organization purposes.

I Consent

Signature

Print Name

I Do Not Consent

Signature

Print Name

NATIONAL CONCLAVE of GRADY GRADUATE NURSES, INC.

Atlanta Chapter
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Atlanta, Georgia 30316

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Dear Applicant:

This packet contains all the documents that are to be completed in the application process for the African American Nurse Scholarship presented by Atlanta Chapter of National Conclave of Grady Graduate Nurses, Inc. The deadline for receipt of your application is April 30. Please follow the instructions below carefully in completing your application

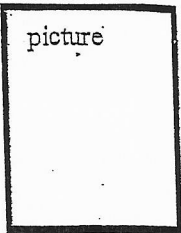
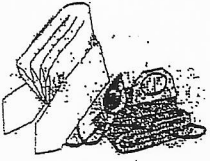
INSTRUCTIONS

1. Attach a recent (headshot) photograph of yourself to the application.
2. Complete all sections of the application do not leave any spaces blank, if the answer is "**none**" write none or N/A as your answer.
3. In part **II, character references**: one of the references used must be an instructor of your school enrollment, please don't use a relative, have the individual mail the completed reference form directly to the scholarship committee at the address provided.
4. Your most recent **transcript must be mailed directly from the Registrar's Office** to the scholarship committee any mailed otherwise will disqualify your application.
5. In part **VII Financial Status, D. Attach**: Provide financial data from respective College/University or school of nursing.
6. Enclose a letter (at least one typed page) telling us "why you want to be a nurse".

If additional information is needed in completing the application process, contact your Dean of the School of Nursing. Thank you for your interest.

Respectfully yours,

Z. Simmons-Clarke, RN
Chair
Scholarship Committee
Atlanta Chapter
National Conclave of Grady Graduate Nurses, Inc.



NATIONAL CONCLAVE of GRADY GRADUATE NURSES, Inc.

ATLANTA CHAPTER

African American Nurse Scholarship Application

I. APPLICANT

A. Name:
(First) (Last) (MI)

B. Address:

City: State Zip

Home Phone Work Cell

1. Do you live on campus? Yes ...No If yes, Name of Dorm

2. If no, with whom do you live?

C. Date of Birth:..... Place of Birth.....

D. Check one:SingleMarriedDivorcedWidowedSeparated

* Applicant must be present at the July Award ceremony to receive the Scholarship.

II. Character References: (Give names and addresses of two persons, not your relatives. Give the enclosed Reference Form with instructions to submit as noted on the form.)

A
(Name) (Address) (Relationship)

B
(Name) (Address) (Relationship)

III: FAMILY INFORMATION

- A. Father:
 Name Address Occupation
- B. Mother:
 Name Address Occupation
- C. Spouse:
 Name Address Occupation
- D. Number of siblings dependent on parents: Number of children dependent on you/spouse:

IV. EDUCATION

- A. High School:
 Address:
 High School Scholastic Average.....
 Name and address of the college in which you are enrolled and or attended:

B. Name of College/University	Address	Year (s) of Attendance	Degree/Diploma
.....
.....
.....

C. Current Educational Status:

- 1.
 Classification: (Freshman, Sophomore, Junior, Senior.)
- 2: In what area of nursing are you most interested?

V. EMPLOYMENT STATUS

- A. Are you presently employed? Yes No. If yes: Full Time?..... Part Time.....
- B. Where? (List Address)
 Work Phone:.....
- C. Type of Work/Job Title:.....
- D. If you are a licensed nurse, in what state (s) are you currently registered? State.....Reg. #.....
 State.....Reg. #.....State.....Reg. #.....

VI. EXTRA-CURRICULAR ACTIVITIES

A. List the Clubs and/or Organizations in which you take an active part:

B. List Honorary Societies to which you belong:.....

C. List office (s) held in any Clubs and Organizations:

D. List all awards, Honors, or Citations received:

E. List any Sorority to which you belong:

VII. FINANCIAL STATUS

A. Are you currently receiving financial assistance or have pending scholarships? Yes.....No

B. If yes, please complete:

Name of Grant/Loan	Name of Scholarship
1.	1.
2.	2.
3.	3.

C. If you are awarded this scholarship, for what purpose will you use it?

D. Attach any pertinent information that would be helpful in assessing your financial need for this scholarship.

*If I am the recipient of this scholarship, I hereby agree to provide a written report of my student progress to the National Conclave of Grady Graduates, Atlanta Chapter each semester of the year the scholarship is given.

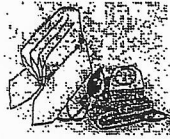
Signature of Applicant

Month/Date/Year

APPLICANT MUST ENSURE THE FOLLOWING:

- Submit the most recent transcript directly from the registrar's office to the Committee at the stated address.
- Provide financial data from respective College/University or School of Nursing
- Reference information must be mailed directly from the provider to the committee at the stated address
- Photograph of Applicant is attached in space provided.
- Letter from the applicant (biography or " Why I want To Be A Nurse").
- All information and Application reaches the Committee by Deadline of April 30
- Do not leave any blank space. if not applicable insert (N/A)
- ADDRESS: National Conclave of Grady Graduate Nurses, Inc. - Scholarship Committee

P.O. Box 160263 - Atlanta, GA 30316



NATIONAL CONCLAVE of GRADY GRADUATE NURSES INC., ATLANTA CHAPTER
REFERENCE FORM

APPLICANT INFORMATION:

Please complete this section and give this form to your supporting person.

APPLICANT'S NAME: _____
(FIRST) (MI) (Last)

CLASSIFICATION: ___ FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR

THE ABOVE NAMED INDIVIDUAL IS APPLYING FOR a scholarship from National Conclave of Grady Graduate Nurses, Inc. Atlanta Chapter. Your responses as requested below are appreciated.

National Conclave of Grady Graduate Nurses, Inc. Atlanta Chapter

How long have you known the applicant? _____

Leadership:

Dependability:

Scholarship:

Please write a brief narrative providing information relevant to the student's application for this award. Attach a free form or use the back of this page Send the response directly to: National Conclave of Grady Graduate Nurses, Inc., Atlanta Chapter Attn: Scholarship Committee.

Your Name _____ Relationship _____

Address _____ City/state _____

Home Phone _____ Cell _____

Signature

Date