



NATIONAL FORUM FOR BLACK PUBLIC ADMINISTRATORS

777 North Capitol Street, NE, Suite 550 • Washington, DC 20002

(202) 408-9300 • 844-236-6154 Facsimile

www.nfbpa.org

An NFBPA scholarship applicant must be a current undergraduate or graduate student enrolled in a traditional four year, accredited university or college, preferably an HBCU, and having at least one academic semester remaining after May 2018. Application materials, including sealed transcripts and sealed letters of recommendation, must be submitted in one package. Incomplete, e-mailed or faxed applications will not be considered. Applicants working full-time (35 hours or more per week) are ineligible for consideration. See scholarship descriptions for selection criteria.

CIGNA HealthCare SCHOLARSHIPS

In an effort to support the education and development of African-American students and prepare them for careers in public administration, **CIGNA HealthCare**, a member of the NFBPA National Corporate Advisory Council will offer three scholarships to three students preferably attending Historically Black Colleges and Universities (HBCU). The scholarships being provided are: two \$5,000 scholarships for two graduate students preferably attending an HBCU, and one \$10,000 scholarship for an undergraduate student preferably attending an HBCU.

ELIGIBILITY [\$5,000 Graduate Scholarships]

Applicants must be full-time students, **working towards a graduate degree in public administration, political science, urban affairs, public policy, or a related field** preferably at an HBCU. Candidates should have excellent interpersonal and analytical abilities. Strong oral and written communication skills are a must. All applicants should have a 3.0 or better grade point average. Candidates should have at least one full time semester remaining after May 2018 and be enrolled in the upcoming Fall semester. While this is not a needs-based award, applicants who are currently receiving full tuition and stipends will not be considered. Applicants working full-time (35 hours or more per week) are ineligible for consideration. Application packages for the CIGNA \$5,000 Graduate Scholarship should include:

A three-page essay on the following topic: **In your opinion, what are the two most challenging issues facing public administrators today? Explain your plan for meeting these challenges.**

ELIGIBILITY [\$10,000 Undergraduate Scholarship]

Applicants must be full-time students, **working towards an undergraduate degree in public administration, political science, urban affairs, public policy, or a related field** preferably at an HBCU. Candidates should have excellent interpersonal and analytical abilities. Strong oral and written communication skills are a must. All applicants should have a 3.5 or better grade point average. Candidates should have completed one full-time college semester, **have at least one full-time academic year remaining after May 2018 and be enrolled in the upcoming Fall semester.** The scholarship requires verification of financial need (applicant must submit FAFSA documentation). This is a needs-based award so applicants who are currently receiving full tuition and stipends will not be considered. Applicants working full-time (35 hours or more per week) are ineligible for consideration. Application packages for the CIGNA \$10,000 Undergraduate Scholarship should include:

Scores from the American College Testing (ACT) program or the Scholastic Aptitude Test (SAT) administered by the College Entrance Examination Board.

A copy of your Application for Federal Student Aid (FASFA) Student Aid Report (SAR)

A three-page essay on the following topic: **In your opinion, what are the two most challenging issues facing public administrators today? Explain your plan for meeting this challenge.**

PLEASE COMPLETE ALL INFORMATION

APPLICANT'S FULL LEGAL NAME

SCHOOL RESIDENTIAL MAILING ADDRESS

SCHOOL ISSUED AND PERSONAL EMAIL ADDRESS

TELEPHONE NUMBER (HOME)

(CELL)

STUDENT ID NUMBER

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY YOU ARE CURRENTLY ATTENDING?

WILL YOU BE RETURNING TO THE NAMED UNIVERSITY FALL 2018?

IF YOU ARE NOT RETURNING TO THE NAMED UNIVERSITY, WHAT UNIVERSITY WILL YOU BE TRANSFERING TO?
(PROVIDE PROOF OF ACCEPTANCE)

CLASSIFICATION

CUMULATIVE GPA _____

AREA OF STUDY (SPECIFIC ACADEMIC PROGRAM)

MAJOR

MINOR

MONTH & YEAR YOU EXPECT TO GRADUATE _____

NAME AND ADDRESS OF OTHER COLLEGE OR UNIVERSITY YOU HAVE ATTENDED

DATES ATTENDED _____ TOTAL CREDIT HOURS (SPECIFY SEMESTER OR QUARTER) _____

MAJOR FIELD OF STUDY _____ DEGREE RECEIVED _____

IF NO DEGREE EARNED, SPECIFY REASON FOR LEAVING THE COLLEGE OR UNIVERSITY

NAME AND ADDRESS OF OTHER COLLEGE OR UNIVERSITY YOU HAVE ATTENDED

DATES ATTENDED _____ TOTAL CREDIT HOURS (SPECIFY SEMESTER OR QUARTER) _____

MAJOR FIELD OF STUDY _____ DEGREE RECEIVED _____

IF NO DEGREE EARNED, SPECIFY REASON FOR LEAVING THE COLLEGE OR UNIVERSITY

MILITARY SERVICE

BRANCH _____ RANK _____

LIST ANY TRAINING RECEIVED DURING YOUR MILITARY SERVICE

WORK EXPERIENCE: USE THE FOLLOWING SPACE TO PROVIDE INFORMATION ABOUT YOUR WORK EXPERIENCE STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. YOU SHOULD INCLUDE ALL RELEVANT PAID, NON-PAID, AND MILITARY WORK. LIST PROMOTIONS AS SEPARATE JOBS. APPLICANTS WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) ARE INELIGIBLE FOR CONSIDERATION. IF YOU NEED MORE SPACE, ATTACH PAGES WITH THE SAME INFORMATION. LABEL THE ATTACHMENTS WITH YOUR NAME.

1. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

G. DESCRIBE YOUR DUTIES & RESPONSIBILITIES

2. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

G. DESCRIBE YOUR DUTIES & RESPONSIBILITIES

3. EMPLOYER (NAME & ADDRESS) _____

A. POSITION TITLE _____ B. DATE FROM _____ To _____

C. NUMBER HOURS PER WEEK _____ D. HOURLY SALARY _____

E. NUMBER EMPLOYEES SUPERVISED _____

F. REASON FOR LEAVING _____

G. DESCRIBE YOUR DUTIES & RESPONSIBILITIES

HOW DID YOU FIND OUT ABOUT THIS SCHOLARSHIP PROGRAM?

SIGNATURE _____

DATE _____