



***BLACK NURSES ASSOCIATION  
OF GREATER WASHINGTON, D. C. AREA, INCORPORATED***

**Post Office Box 55285  
Washington, D.C. 20040  
Phone: (202) 291-8866  
www.bnaofgdca.org**

**Dr. Johnella Banks Memorial Scholarship**

**ELIGIBILITY REQUIREMENTS:**

1. Applicant is a sophomore, junior or first semester senior generic nursing student in a registered nursing or practical nursing program.
2. Applicant is currently enrolled in a National League for Nursing accredited program and is in good academic standing with a cumulative grade point average of at least 2.8.
3. Applicant provides proof of United States citizenship.
4. Applicant provides evidence of financial need to complete educational goals.

**APPLICATION PROCEDURE:**

The completed application should be mailed directly to the Scholarship and Awards Committee Chairperson of the Black Nurses Association of Greater Washington, D.C. Area, Incorporated and postmarked no later than December 31<sup>st</sup>. Each applicant **must** submit the following:

1. Current official transcript from current nursing program
2. Two letters of recommendation (one from a current Faculty Member and one from current nursing Faculty Advisor or Designee)
3. Written essay that describes the applicant's:
  - Personal nursing goals/objectives
  - Describe how Black nurses can address specific needs of the African American community
  - Need-based reasons he/she should be selected for the scholarship
4. Documented evidence to add support for the applicant's desirability that includes participation in student and nursing activities, organizations, community service in the Greater Washington, D.C. Area, awards, letters and/or certificates.

**MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIAL TO:**

**ATTN: Scholarship and Awards Committee Chairperson  
Black Nurses Association of Greater Washington, DC Area, Inc.  
Post Office Box 55285  
Washington, D.C. 20040**

**INCENTIVES:**

The Dr. Johnella Banks Memorial Scholarship will be awarded at the Annual Scholarship and Salute to a Black Nurse Ceremony and the recipient will be our guest at the Salute. Each individual awarded a scholarship will be given a one year student membership to the National Black Nurses Association and the Black Nurses Association of Greater Washington, D.C. Area, Inc.



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**Dr. Johnella Banks Memorial Scholarship  
Application**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
(Include Area Code)

Currently Enrolled As:

SOPHOMORE \_\_\_ JUNIOR \_\_\_ FIRST SEMESTER SENIOR \_\_\_

NURSING PROGRAM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY	CERTIFICATE/ DEGREE	YEAR OF COMPLETION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCES: (WITHIN LAST 5 YEARS)

NAME/LOCATION	POSITION	YEARS OF SERVICE
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_____	_____	_____
_____	_____	_____
_____	_____	_____



**Dr. Johnella Banks Memorial Scholarship  
Recommendation (Continued)**

D. Resourcefulness

E. Character

3. Please feel free to make any additional comments below. (Use additional pages if needed)

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Name/Title Date

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Address

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Telephone E-mail

Revised: 06-14-06

Revised: 08-30-06

Revised: 04-02-07