



***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

Felicia C. Brady Memorial Scholarship

ELIGIBILITY REQUIREMENTS:

1. Applicant is a Registered Nurse returning to college for a Bachelors, Masters or Doctorate.
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 3.0.
3. Applicant provides proof of United States citizenship.
4. Applicant provides evidence of financial need to complete educational goals.
5. Applicant is a member in good standing of the National Black Nurses Association and the Black Nurses Association of Greater Washington, D.C. Area, Incorporated.

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 31st. Each applicant **must** submit the following:

1. Current official transcript from current nursing program
2. Copy of Registered Nurse License
3. Two letters of recommendation (one from a former employer or clinical supervisor and one from current nursing Faculty Advisor or Designee)
4. Written essay that describes the applicant's:
 - Personal nursing goals/objectives
 - Describe contributions to nursing and community service involvement in the Greater Washington, D.C. Area.
 - Need-based reasons he/she should be selected for the scholarship
5. Documented evidence to add support for the applicant's desirability that includes awards, letters of commendation 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

INCENTIVE:

The Felicia C. Brady 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.



**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**

**Felicia C. Brady Memorial Scholarship
Application**

NAME: _____

ADDRESS: _____

TELEPHONE: _____ **E-MAIL:** _____
(Include Area Code)

Academic Degree/Program Currently Enrolled:

BSN ____ **MSN/MS** ____ **NURSE PRACTITIONER** ____ **Ph.D./Ed.D.** ____

NURSING PROGRAM: _____

ADDRESS: _____

POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY	DEGREE	YEAR COMPLETED
---------------------------	---------------	-----------------------

WORK EXPERIENCES: (WITHIN LAST 5 YEARS)

NAME/LOCATION	POSITION	YEARS OF SERVICE
----------------------	-----------------	-------------------------



***BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, D.C. AREA, INCORPORATED***
**Felicia C. Brady Memorial Scholarship
Recommendation (Continued)**

D. Resourcefulness

E. Character

3. Please feel free to make any additional comments below. (Use Additional Pages if Needed)

Name/Title

Date

Address

Telephone

E-mail

Revised: 04-02-07