

**BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, DC AREA, INC**
Post Office Box 55285
Washington, D.C. 20040
Phone: (202) 291-8866
www.bnaofgdca.org

Felicia C. Brady Scholarship

Eligibility Requirements:

- Must be African American with permanent residency in the District of Columbia or one of the adjacent counties of the State of Maryland (Anne Arundel, Calvert, Charles, Howard, Montgomery & Prince Georges).
- Must be a nurse licensed in the District of Columbia or Maryland (Registered Nurse or Licensed Practical Nurse) currently matriculating at a National League for Nursing accredited nursing program for an ADN, BSN, MSN or Doctorate in Nursing.
- Must be in good academic standing with a cumulative grade point average of at least 3.0 (on a scale of 4.0).
- Provide proof of United States citizenship or permanent residency.
- Must be 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:

Each applicant must submit the following:

- Current official transcript from current nursing program
- Copy of Nurse License
- Two letters of recommendation (one from a former employer or clinical supervisor and one from current nursing Faculty Advisor or Designee)
- Written essay (300 words or less) that describes the applicant's personal nursing goals/objectives, contributions to the nursing profession and community service along with a statement of financial need
- Attach any documented evidence to add support for desirability including awards, letters of commendation and/or certificates.

**MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIALS BY
JANUARY 31st TO:**

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

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Application

NAME

HOME ADDRESS

HOME TELEPHONE

CELL PHONE

E-MAIL:

Academic Degree/Program Currently Enrolled:

ADN___ BSN ___ MSN/MS ___ NURSE PRACTITIONER ___

PhD/EdD___ DNP_____

N U R S I N G P R O G R A M :

ADDRESS:

POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY

DEGREE

YEAR COMPLETED

WORK EXPERIENCES: (WITHIN LAST 5 YEARS)

NAME/LOCATION

POSITION

YEARS OF SERVICE

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Recommendation

NAME OF APPLICANT:

SCHOOL OF NURSING:

The above student is applying for a scholarship sponsored by the Black Nurses Association of Greater Washington, D.C. Area, Inc.

- 1. Please respond to the following questions.**
- 2. Print & sign your name, title & address/telephone at end of the completed document.**
- 3. Place document in a sealed envelope with signature over the sealed area.**
- 4. Return the sealed envelope to the student for submission with the completed scholarship application packet.**

I. In what capacity do you know the applicant?

II. Please comment on the applicant's ability regarding the following. (Use additional pages if needed)

Leadership

Scholarship

Adaptability

Character

III. Please make any additional comments below. (Use additional pages if needed)

Name:

Signature:

Title:

Address:

Telephone #: