

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

Dr. Johnella Banks Memorial Scholarship

ELIGIBILITY REQUIREMENTS:

1. Must be an 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).
2. Must be a sophomore, junior or first semester senior nursing student in a registered nursing or practical nursing program.
3. Must be 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.
4. Provide proof of United States citizenship or permanent residency.

APPLICATION PROCEDURE:

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
 - Knowledge of how Black nurses can address specific needs of the African American community
 - Include a statement of financial need to complete educational goals
4. Documented evidence to add support for the applicant's desirability to pursue a nursing career (e.g., awards, letters and/or certificates).

**MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIAL
POSTMARKED NO LATER THAN JANUARY 31ST, TO:**

**Scholarship and Awards Committee Chairperson
BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, D. C. AREA, Inc**
Post Office Box 55285
Washington, D.C. 20040

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Application

NAME:

ADDRESS:

TELEPHONE: _____
(Include Area Code)

E-MAIL:

1. CURRENTLY ENROLLED AS:

SOPHOMORE ___ JUNIOR ___ FIRST SEMESTER SENIOR ___

2. NURSING PROGRAM:

ADDRESS:

3. POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY _____ CERTIFICATE/ DEGREE ____

YEAR OF COMPLETION _____

4. 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 #: