

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

## **Margaret A. Pemberton 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 graduating senior, currently enrolled in a high school in the District of Columbia or one of the adjacent counties of the State of Maryland.
3. Must be in good academic standing with a cumulative grade point average of at least 2.8 (on a scale of 4.0).
4. Must be a United States citizen or permanent resident (must provide proof).

### **Application Procedure:**

Each applicant **must** follow the guidelines below. The completed application must include the following:

1. Written essay (no more than 300 words) that describes the applicant's:
  - personal and educational goals, current and projected contributions to the community (include high school community service and volunteer activities),
  - reasons he/she should be selected (include evidence of financial need to complete educational goals),
2. Provide documented evidence to add support to the applicant's desirability including awards, certificates, and/or letters of commendation.
3. Official high school transcript in sealed envelope
4. Copy of Letter of Acceptance to a Baccalaureate Nursing Program in a College or University in the United States of America
5. Two letters of recommendation:
  - one recommendation from a High School Counselor or Designee

- one recommendation from a Community or church Member (must be a non-related adult who has knowledge of the applicant's potential for success)

**MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIAL**  
**POSTMARKED NO LATER THAN APRIL 15<sup>TH</sup> 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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## **Margaret A. Pemberton Scholarship**

### **Application**

Complete the application below and include the following items in the application packet:

1. Essay
2. Supporting documents (participation in student activities and organizations, awards, certificates, and letters)
3. Sealed official high school transcript
4. Copy of the letter of acceptance to a baccalaureate nursing program accredited by National League for Nursing
5. Letters of recommendation (closed envelopes with signatures over the seals).

Name:

Date of Birth:

Home Address:

(Number and Street and Apartment Number, if applicable)

Telephone: ( \_\_\_\_ ) \_\_\_\_\_

(City, State, Zip Code)

(Area Code and Number)

E-mail Address:

High School: \_\_\_\_\_

High School Entrance Date: \_\_\_\_\_ Prospective Graduation Date: \_\_\_\_\_

Name of Institution and Complete Mailing Address

\_\_\_\_\_

Date of Acceptance to College/University: \_\_\_\_\_ Date Classes Begin: \_\_\_\_\_

Applicant's Signature:

Date:

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## **Margaret A. Pemberton Scholarship**

### **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 questions below.**
- 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)
  - A. Leadership
  - B. Scholarship

C. Adaptability

D. Character

III. Please comment on the applicant's financial assistance needs to meet educational goals.

IV. Please make any additional comments below (use additional pages if needed).

Name/Title

Date

Address

Telephone

E-mail