

**BLACK NURSES ASSOCIATION  
OF GREATER WASHINGTON, DC AREA INC.**

**Post Office Box 55285  
Washington, DC 20040  
Phone (202) 291-8866  
[www.bnaofgwdca.org](http://www.bnaofgwdca.org)**

**FOUNDERS SCHOLARSHIP APPLICATION**

The Black Nurses Association of Greater Washington, DC Area, Inc.(BNA GWDCA), a chapter of the National Black Nurses Association, was officially chartered in June 1975. The BNA GWDCA FOUNDERS SCHOLARSHIP was established in honor of its charter members: Cynthia Barr, Barbara Baskerville, Janice Crouch, Claudine Linder, Lillian Wade and the late Bertha Speight.

**ELIGIBILITY/ REQUIREMENTS:**

- Graduating high school senior, currently enrolled in a high school in the District of Columbia or the adjacent counties in Maryland(Prince Georges or Montgomery ONLY).
- Minimum GPA of 2.8

Provide the to the following to the SCHOLARSHIP COMMITTEE by April 15<sup>th</sup>:

- Official transcript in sealed envelope
- Completed and signed(student, parent, counselor or principal) application form
- Letters(2) of recommendation from either teacher or counselor and employee or community/church leader(excludes family and friends)
- Proof of United States citizenship
- Letter of acceptance in an accredited BSN, AAS or LPN nursing program in a university/college
- Essay describing interest in nursing, personal and educational goals(no more than 300 words)
- Evidence of financial need

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

COLLEGE/UNIVERSITY(accepted) \_\_\_\_\_  
(Name of institution and Location: City, State)

**FINANCIAL NEED:** (Describe factors contributing to your need and how a scholarship will assist)  
Attach sheet.

SIGNATURES: \_\_\_\_\_  
Student parent

\_\_\_\_\_ counselor or principal