



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

**Dr. Johnella Banks Memorial Scholarship
Application**

NAME: _____

ADDRESS: _____

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

Currently Enrolled As:

SOPHOMORE ___ JUNIOR ___ FIRST SEMESTER SENIOR ___

NURSING PROGRAM: _____

ADDRESS: _____

POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY	CERTIFICATE/ DEGREE	YEAR OF COMPLETION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCES: (WITHIN LAST 5 YEARS)

NAME/LOCATION	POSITION	YEARS OF SERVICE
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_____	_____	_____
_____	_____	_____
_____	_____	_____