



**BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, D.C. AREA, INCORPORATED**

**Post Office Box 55285
Washington, D.C. 20040
Phone: (202) 291-8866
www.bnaofgdca.org**

**Felicia C. Brady Memorial Scholarship
Application**

NAME: _____

ADDRESS: _____

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

Academic Degree/Program Currently Enrolled:

BSN ____ **MSN/MS** ____ **NURSE PRACTITIONER** ____ **Ph.D./Ed.D.** ____

NURSING PROGRAM: _____

ADDRESS: _____

POST SECONDARY EDUCATION:

COLLEGE/UNIVERSITY	DEGREE	YEAR COMPLETED
---------------------------	---------------	-----------------------

WORK EXPERIENCES: (WITHIN LAST 5 YEARS)

NAME/LOCATION	POSITION	YEARS OF SERVICE
----------------------	-----------------	-------------------------

