

**BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, D. C. AREA, Inc**
Post Office Box 55285
Washington, D.C. 20040
www.bnaofgdca.org

Veronica S. Longstreth 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 or Virginia.
2. Must be enrolled, full-time in a program of nursing education leading to a degree as a registered nurse or an advanced practice or research degree in nursing.
3. Must be currently enrolled in a program accredited by a nursing organization and is in good academic standing with a cumulative grade point average of at least 2.5 (on a scale of 4.0).
4. Provide proof of United States citizenship or permanent residency.

APPLICATION PROCEDURE:

Each applicant **must** submit the following:

1. Current official transcript from the current nursing program
2. Two letters of recommendation (one from a current Faculty Member and one from current nursing Faculty Advisor or Professional Supervisor)
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 based on current public health priorities
 - 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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**Veronica S. Longstreth Memorial Scholarship
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

**BLACK NURSES ASSOCIATION
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Post Office Box 55285
Washington, D.C. 20040**

Veronica S. Longstreth Memorial 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 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 #: _____