



## Black Nurses Association of Greater Washington, D.C. Area, Inc. **Felicia C. Brady Memorial Scholarship**

### **Overview**

The Felicia C. Brady Memorial Scholarship was established in memory of Felicia C. Brady, BSN, RN, a Psychiatric Nurse, team leader and liaison nurse at Saint Elizabeths Hospital, Washington, DC for over 30 years. Mrs. Brady was an active member of Black Nurses Association of Greater Washington, D.C. Area, Inc. (BNA-GWDCA) serving as corresponding secretary and treasurer. She served on the National Black Nurses Association nominating committee.

### **Scholarship Eligibility Criteria**

The scholarship applicant must:

- Be a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) with a current active license in the District of Columbia, Maryland, or Virginia.
- Be African American with a permanent residence in:
  - the District of Columbia or
  - one of these Maryland counties: Anne Arundel, Calvert, Charles, Howard, Montgomery, or Prince George's; or
  - one of these Virginia counties: Alexandria, Arlington, Fairfax, Loudoun, or Prince William.
- Be a member in good standing in the National Black Nurses Association and the Black Nurses Association of Greater Washington, D.C. Area, Inc.
- Be currently enrolled, full-time or part-time, and plan to remain enrolled, full-time or part-time in a nationally accredited nursing program leading to an ADN, BSN, MSN, DNP, DNAP or PhD. The accepted national nursing accreditors are:
  - Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), or the National League for Nursing (NLN) Commission for Nursing Education Accreditation (CNEA).
  - A nurse-midwifery program must be accredited by the Accreditation Commission for Midwifery Education (ACME) or CCNE, ACEN, or CNEA.
  - A nurse anesthesia program must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) or CCNE, ACEN, or CNEA.
- Have one or more semesters of school remaining on receipt of the scholarship.
- Have a 3.0 or higher GPA on a 4.0 scale.
- Demonstrate financial need.



## Instructions: Felicia C. Brady Memorial Scholarship

Submit the following information in one PDF with bookmarks to [bnafgwdca@gmail.com](mailto:bnafgwdca@gmail.com) on or before the deadline date. Remember to have your transcripts sent electronically directly from the school to [bnafgwdca@gmail.com](mailto:bnafgwdca@gmail.com) If your school cannot send your transcripts electronically then the school can mail the transcripts to **Black Nurses Association of Greater Washington, D.C. Area, Post Office Box 55285, Washington, DC 20040.**

- Completed and signed the application form.
- Written essay (300 words or less) that describes 1) your personal and nursing goals/objectives, 2) your contributions to the nursing profession and community service, and 3) your statement of financial need to complete your educational goals and how this scholarship will support this need.
- At least two (2) , but no more than four (4) letters of recommendations from unrelated persons. Individuals completing and signing the letter of recommendation may include a current or former nursing faculty or advisor, employers, religious leaders, or professional colleagues who can address your scholarship ability and potential, leadership skills & qualities, adaptability & flexibility, and character. Individuals providing the recommendations must use the Scholarship Recommendation Form attached to this application. (*Recommendations from family members are not acceptable, even if the family member is a faculty, professional colleague, employer, or religious member/leader or community leader.*)
- Current official transcripts from the college/university you are enrolled in. (*BNA-GWDCA considers a transcript to be official when your school sends it directly through an electronic transcript submission service to the BNA-GWDCA email [bnafgwdca@gmail.com](mailto:bnafgwdca@gmail.com) or by mail to this address Black Nurses Association of Greater Washington, D.C. Area, Post Office Box 55285, Washington, DC 20040.*)
- Provide evidence of any scholastic achievements, community service, honors received, awards, certificates of recognition, and/or letters recognizing or commending your actions that support your nursing career, (*examples may include, but are not limited to, volunteering in the community, leading a committee or task force, active participant in nursing or community organization, etc.*)



**Felicia C. Brady Memorial Scholarship**  
Application Cover Page

Date: \_\_\_\_\_

Applicant Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Preferred email: \_\_\_\_\_

**License Information**

RN license State and Number \_\_\_\_\_

Or

LPN license state and Number \_\_\_\_\_

**Nursing Program Information**

Name of College/University currently enrolled: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Dean's Name \_\_\_\_\_

**Degree Type of nursing program enrolled.**

ADN       BSN       MSN       DNP       DNAP       PhD

Other \_\_\_\_\_

Full time       Part-time

Expected graduation date \_\_\_\_\_



**Work Experiences within the last 5 years (add additional pages as needed)**

Employer Name \_\_\_\_\_

Employer Street Address \_\_\_\_\_

Employer City, State Zip \_\_\_\_\_

Your Position \_\_\_\_\_

Years employed (start and end dates) \_\_\_\_\_

Immediate Supervisor/Manager Name \_\_\_\_\_

In five (5) sentences or less, provide a brief description of your current professional role and duties.

Employer Name \_\_\_\_\_

Employer Street Address \_\_\_\_\_

Employer City, State Zip \_\_\_\_\_

Your Position \_\_\_\_\_

Years employed (start and end dates) \_\_\_\_\_

Immediate Supervisor/Manager Name \_\_\_\_\_

In five (5) sentences or less, provide a brief description of your professional role and duties.



**REQUIRED:** Written essay (300 words or less) that describes your 1) personal & nursing goals/objectives, 2) contributions to the nursing profession and community service, and 3) statement of financial need and how this scholarship will this need. You may add or use a separate page.

To further support your application, provide evidence of your professional and nursing scholastic achievements, community involvement, honors received, awards, certificates of recognition and/or letters recognizing or commending your actions in nursing, *(examples may include, but are not limited to, volunteering in the community, leading a committee or task force, active participant in nursing or community organization, etc.)*

**Please check the appropriate box**

My name, credentials, and picture can be published on the BNA-GWDCA, Inc website, program books, newsletters, or other public facing documents  YES  NO

By signing and submitting this application, I attest that all statements made in this application are true, complete, and correct to the best of my knowledge. I agree to provide the BNA-GWDCA with a summary of how the scholarship was used to further my nursing education.

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Scholarship Applicant's Signature

Date



## Felicia C. Brady Memorial Scholarship Recommendation

Scholarship Applicant Name \_\_\_\_\_

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**Instructions to person writing the recommendation:**

The above-named individual is applying for a scholarship sponsored by the Black Nurses Association of Greater Washington, D.C. Area, Inc. Please complete this recommendation form. If needed, you may use no more than three (3) additional pages.

Return your recommendation and any additional pages to the Scholarship Applicant so it can be submitted with their scholarship application packet.

Name of Person Writing Recommendation \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Preferred phone \_\_\_\_\_

Preferred email \_\_\_\_\_

Respond and elaborate on the following as they relate to the applicant.

1. In what capacity do you know the applicant and for how long?

2. Scholarship and academic ability and continual learning



3. Leadership ability, skills, and qualities

4. Adaptability and flexibility

5. Character



6. Provide any additional comments or information to support this applicant's application.

By signing my name, I attest that the information contained in this recommendation is complete, accurate, and true. I understand that any misrepresentation of facts on this recommendation could be cause for revocation of scholarships for the student I am recommending.

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Signature

Date