



# Black Nurses Association of Greater Washington, D.C. Area, Inc. Founders Scholarship

## Overview

Black Nurses Association of Greater Washington Area (BNA-GWDCA) established the Founders Scholarship in 2010 to honor the original seven (7) nurses responsible for starting this organization. Cynthia Barr Edwards (President), Claudine Linder (Secretary), Lillian Wade (Treasurer), Barbara Baskerville, Ada Cain, Janice Crouch, and Bertha Speight members-at-large are known as the Founders. The BNA-GWDCA was officially chartered as the fourth chapter of the National Black Nurses Association in 1995.

## Scholarship Eligibility Criteria

The scholarship applicant must:

- 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 high school senior enrolled school located 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.
- Have a 2.8 or higher GPA on a 4.0 scale.
- Graduate from high school in the year the scholarship is awarded.
- Plan to study nursing to become a registered nurse or licensed practical nurse, either full-time or part-time.
- Demonstrate financial need.
- Have been accepted into a school/university with a nationally accredited bachelor's/baccalaureate (BSN) or associate (ADN) nursing program or an LPN program.
  - The accepted national nursing accreditors are the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN) or the National League for Nursing (NLN) Commission for Nursing Education Accreditation (CNEA).



## Instructions: Founders Scholarship

Submit the following information in one PDF with bookmarks to [bnaofgwdca@gmail.com](mailto:bnaofgwdca@gmail.com) on or before the deadline date. Remember to have your transcripts sent electronically directly from the school to [bnaofgwdca@gmail.com](mailto:bnaofgwdca@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 application form.
- Written essay (300 words or less) that describes 1) your personal and nursing goals/objectives, 2) how African American nurses can address specific needs of the African American community, and 3) your statement of financial need.
- At least two (2), but no more than four (4) letters of recommendations from an unrelated adult. Individuals completing and signing the letter of recommendation must include a current or former high school teacher or counselor and one community member/leader or religious members or leaders who can address your scholarship ability and potential, leadership skills & qualities, adaptability & flexibility, and character. Individuals providing 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 teacher, employer, or religious member/leader or community leader.)*
- Current official high school transcripts (*BNA-GWDCA considers a transcript to be official when your high school sends it directly through an electronic transcript submission service to the BNA-GWDCA email [bnaofgwdca@gmail.com](mailto:bnaofgwdca@gmail.com) or by mail to this address Black Nurses Association of Greater Washington, D.C. Area, Post Office Box 55285, Washington, DC 20040*)
- Copy of your acceptance letter to a college or university.
- OPTIONAL, provide evidence of community involvement, awards, or certificates of recognition, *(examples may include volunteering in the community, leading a committee or task force, active participant in nursing or community organization, etc.)*



## Founders Scholarship Application Cover Page

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

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

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

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

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

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

### High School Information

Name \_\_\_\_\_

Principal's Name \_\_\_\_\_

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

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

Anticipated High School Graduation Date \_\_\_\_\_

### College/University Information

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

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

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

Nursing School Dean's Name \_\_\_\_\_

Date Classes Begin: \_\_\_\_\_

#### Type of nursing program enrolled.

Associate degree (ADN)     Bachelor's/Baccalaureate degree (BSN)     LPN

Full time     Part-time

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



**If applicable, work experiences within the three last 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 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 role and duties.



**REQUIRED:** Written essay (300 words or less) that describes 1) your personal and professional goals, 2) your academic and personal accomplishments, 3) community service, and 4) your financial need and contributing factors and how this scholarship will assist you to address this need. *(You may add or use a separate page.)*

**OPTIONAL:** Provide evidence of your community involvement/service such as awards, certificates of recognition and/or letters of recognition or commendation.

**Please check the appropriate box**

My name 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



## Founders 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. If needed, you may use up to three (3) additional pages. Please complete and 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 potential



3. Leadership ability, skills, and qualities

4. Adaptability and flexibility

5. Character



6. OPTIONAL: 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