



**Black Nurses Association  
of Greater Washington, D.C. Area, Inc.  
Margaret A. Pemberton Endowed Nursing Scholarship**

### **Overview**

Black Nurses Association of Greater Washington, D.C. Area (BNA-GWDCA) offers the Margaret A. Pemberton Endowed Scholarship. Ms. Margaret A. Pemberton, BS, RN, a member of BNA-GWDCA, nurse entrepreneur, and owner of residential facilities for mentally challenged adults established this endowed scholarship.

### **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 in a 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.
- Demonstrate financial need.
- Plan to study nursing at the bachelor's or baccalaureate level, either full-time or part-time.
- Have a letter of acceptance into a school/university with a nationally accredited bachelor's/baccalaureate nursing program. *(The accepted national nursing accreditors are the 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).)*



## Instructions: Margaret A. Pemberton Endowed Nursing 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 educational goals, 2) current and projected contributions to the community, include your high school community service and volunteer activities, 3) reasons you should be selected to receive this scholarship; and 4) evidence of your financial need to complete your educational goals.
- 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.***
- Provide evidence of your scholastic achievements, extra-curricular activities, volunteer service, honors received, awards, certificates of recognition, and/or letters recognizing or commending your actions.
- Copy of your acceptance letter to a college or university.



## Margaret A. Pemberton Endowed Nursing Scholarship Application

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 accepted: \_\_\_\_\_

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

City, State & Zip code: \_\_\_\_\_

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

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

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 1) your personal and educational goals, 2) current and projected contributions to the community, include your high school community service and volunteer activities, 3) reasons you should be selected, and 4) evidence of your financial need to complete your education goals and how this scholarship will support this need.

Provide evidence of your involvement 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 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 send a thank you to Ms. Pemberton and to provide the BNA-GWDCA with a summary of how the scholarship assisted in furthering my nursing education.

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Scholarship Applicant's Signature

Date



## Margaret A. Pemberton Endowed Nursing 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. Applicant's financial assistance needs to meet educational goals.

7. 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