

**BLACK NURSES ASSOCIATION
OF GREATER WASHINGTON, DC AREA INC.**
Post Office Box 55285
Washington, DC 20040
Phone (202) 291-8866
www.bnaofgdca.org

Founders Scholarship

ELIGIBILITY REQUIREMENTS:

- **Must be African American with permanent residency in the District of Columbia or one of the adjacent counties of the State of Maryland (Anne Arundel, Calvert, Charles, Howard, Montgomery & Prince Georges).**
- **Must be a graduating senior currently enrolled in a high school in the District of Columbia or the adjacent counties of the State of Maryland.**
- **Must have a minimum GPA of 2.8 (on a 4.0 scale).**
- **Provide proof of United States citizenship or permanent residency.**

APPLICATION PROCEDURE:

Each applicant must submit the following:

- **Official transcript in sealed envelope as proof of GPA.**
- **Two (2) Letters of recommendation, completed & signed by either High School teacher or counselor and/or from an employer or community/ church leader(excludes family and friends).**
- **Letter of acceptance from a university/college with an NLN Accredited ADN or BSN nursing program or NLN accredited LPN nursing program.**
- **Provide a brief (no more than 300 words) written statement describing your academic and personal accomplishments, community service and your future goals for a career in nursing.**
- **Include a statement of financial need, describing factors contributing to the need and how the scholarship will be of assistance.**

**MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIAL
POSTMARKED NO LATER THAN APRIL 15TH TO:**

**Black Nurses Association of Greater Washington, DC Area, Inc.
Scholarship and Awards Committee Chairperson
Post Office Box 55285
Washington, D.C. 20040**

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Application

NAME

HOME ADDRESS

HOME PHONE

CELL PHONE

EMAIL

DATE OF BIRTH

Name of Parent(s)

Address

Phone Number/Email Address

Name of HIGH SCHOOL

ADDRESS

COLLEGE/UNIVERSITY (accepted) _____

Attach any additional written materials.

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Founders Scholarship Application

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 #: