



Black Nurses Association of Greater St. Louis

PO Box 2699, Florissant, Missouri 63033 314-643-6144
www.bna-stlouis.org

GUIDELINES FOR SCHOLARSHIP APPLICANT

In order to be considered for a scholarship from the Black Nurses Association (BNA) of Greater St. Louis, a thorough application should be completed. To assist you with this process, we have devised a check list for your use. Please review the scholarship application form carefully. Remember to submit **all** documents with your application. Please review the scholarship application in its entirety. It is a requirement that **all** documents on the list are completed and submitted with your application.

Scholarship Requirements:

Each applicant must meet the following criteria:

1. Currently enrolled in an accredited nursing program (LPN/LVN, Diploma, ADN, BSN, Masters, or Doctoral)
2. Be in good academic standing at the time of the application, with a minimum GPA of 2.75
3. Demonstrate successful completion of the first clinical nursing course (when appropriate), with at least one full academic year of school remaining
4. Sign the attached Commitment Letter

Each applicant must provide the following:

1. Completed 2018 Scholarship Application;
2. **Official** transcript(s) from most recently attended/enrolled accredited school of nursing; copies **are not** acceptable. If official transcript mailed, will be have raised seal. If sent electronically, will come through the University's security verification system;
3. Two-page typed essay (see attached for directions);
4. Reference letters from **two (2)** of the four listed below:
 - a. Dean, Nursing Director, or Faculty
 - b. Minister or religious leader (e.g., Pastor, Priest, Imam, Rabbi)
 - c. Nurse in the community; can be a member of the BNA of Greater St. Louis
 - d. An individual who is knowledgeable about applicant's personal and professional character (**cannot** be family member)
 - e. Letters are to be emailed directly from the selected reference and to be delivered to provided email address. Reference Letter should be saved as a Word document or PDF file.
 - f. See the attached document "REFERENCE LETTER" for specifics;
5. Documentation of current enrollment and grade point average of 2.75 or better, in nursing courses; and,
6. Recent headshot, sent as an attachment in a separate email.



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7. Additional items to accompany the application in support of applicant's eligibility and desirability may include documented evidence of:
 - a. Participation in student nurse activities
 - b. Involvement in activities targeting the African American community (e.g., letters, news clippings, awards, certificates, etc.)

Additional Information:

1. You may apply for a scholarship total of two times LPN/LVN, ADN, BSN, and Masters student, and three times as a Doctoral student.
2. Limit the number of supporting documents (e.g., certificates, articles, etc.) to 10 pages.
3. Documents are to be emailed to bnagreaterstlouis@gmail.com, Attn: Scholarship and Awards Committee Chair, no later than 5:00 pm (CST), **July 6, 2018**.
4. Contact your school for an official transcript and have them forward your transcript **DIRECTLY** to P.O. Box 2699, Florissant, MO 63033, Attn: Scholarship and Awards Committee Chair, before the deadline date of **July 6, 2018**.
5. Please have Reference Letters emailed directly to bnagreaterstlouis@gmail.com.
6. All applicants will be notified of the Scholarships and Awards Committee decision by **Sept 1, 2018**.
7. **Note:** Scholarship applications **will not** be accepted by US mail. Only official transcripts will be accepted if mailed; all other documents are to be submitted electronically.



**Black Nurses Association of Greater St. Louis
2018 Scholarship Application**
Please type (using word processor) or print clearly in black ink

I. PERSONAL DATA

Name _____
First Middle Last

Daytime Phone # _____ Email _____

Current Address _____

City State Zip Code

Social Security Number: Will need to provide if awarded scholarship

Do you currently hold a nursing license? Yes No Type: RN ___ LVN/LPN ___

If "Yes," list state(s) _____

II. EDUCATIONAL DATA

Information About Current Nursing School:
(school listed below is where your official transcript should be mailed/emailed from)

Name _____

Address: _____

City _____ State _____ Zip Code _____

Dean/Director _____ Academic Advisor _____

Type of Nursing Program – Circle One LPN Diploma ADN BSN Masters Doctoral

Enrollment Date _____ Expected Graduation Date _____ Nursing GPA _____



III. HONORS, AWARDS, RECOGNITIONS, ETC

List and describe any honors, awards, recognitions, etc. you have received. _____

IV. BNA OF GREATER ST. LOUIS MEMBERSHIP INFORMATION

How long have you been a member of NBNA and the BNA of Greater St. Louis? _____

List any positions you have held, committees that you have served on, and other activities in which you have participated

I hereby affirm that all the information provided is true. I understand any false statements mean I will forfeit the scholarship.

Signature_____Date_____

[You may attach a continuation sheet if necessary]

*Please email application and supporting documentations:
Attn: Scholarships and Awards Committee
Chair at bnagreaterstlouis@gmail.com*

*Have your school mail or email your official transcript to:
Scholarships and Awards Committee Chair
P.O. Box 2699
Florissant, MO 63033
bnagreaterstlouis@gmail.com*

*(Please contact your school in advance to assure that your transcript is post marked and received by/or before **July 6, 2018**)*



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WRITTEN ESSAY GUIDELINES

Each applicant is to write a two-page typed, 12-pitch font size, 1" margins, and double-spaced essay.

Briefly state how this scholarship will assist you with your pursuance of your degree in nursing. Explain to the Scholarships and Awards Committee why you feel you are the most qualified and deserve to be selected as a scholarship recipient.

Describe your community involvement and participation in extracurricular activities. These may include, but not be limited to, involvement in BNA of Greater St. Louis activities, community-based projects, school level projects, organizational efforts, state-level student nurse activities, activities affecting the health and social condition of African Americans and other culturally diverse groups.

Include a description of your ideas of what you can do as an individual to improve the health status and/or social condition of African Americans. How will this contribute to the mission of the BNA to improve the health of the minority population, and how will these activities helped you grow as a nurse?

Discuss your specific short- and long-term career goals. Discuss how your education will help you achieve those goals. Address how you will contribute to BNA of Greater St. Louis.

Be sure to proofread your essay, as the Committee will evaluate not only the content of your essay, but the quality and style of your writing.

Submit this essay (formatted in Word or PDF) along with your application materials.



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REFERENCE LETTER

NAME OF APPLICANT _____

Your comments are of importance to the Scholarships and Awards Committee and are held in strict confidence. The above named applicant has indicated you are willing to write a letter of recommendation to receive a scholarship from the Black Nurses Association of Greater St. Louis. The application for the scholarship will not be considered until we receive your reference letter addressing the following:

1. The applicant's ability to successfully complete a nursing program;
2. Leadership and personal qualifications; and,
3. Any other pertinent information that may assist the Committee in making a decision about this applicant's candidacy for award.

Each reference letter must be written on letterhead and forwarded directly to the Black Nurses Association of Greater St. Louis. Please attach additional pages if needed.

This applicant is: (check one)

_____ Strongly recommended for the scholarship

_____ Recommended for the scholarship

_____ Recommended with reservations for the scholarship

How long have you known the applicant and what is your relationship to the applicant?

Months/Years _____

Relationship: _____

Comments: _____

Name _____ Date _____

Signature _____ Phone _____

Title _____

Email your completed Reference Letter as an attachment (formatting as a Word document or pdf) to: bnagreaterstlouis@gmail.com Attn: Scholarships and Awards Committee. Reference Letters must be received no later than 5:00 pm (CST), **July 6, 2018**.



BLACK NURSES ASSOCIATION OF GREATER ST. LOUIS
COMMITMENT LETTER

As a recipient of a scholarship from the Black Nurses Association (BNA) of Greater St. Louis, I, _____, understand there is the expectation that I remain an active friend of the Black Nurses Association and BNA of Greater St. Louis for a period of at least two years after receiving the scholarship. As a scholarship recipient, I understand that in the year I receive the scholarship I am expected to attend in at least four meetings of BNA of Greater St. Louis and participate in community activities sponsored by BNA of Greater St. Louis. I may also participate in community-oriented events through my school of nursing, or other community-oriented events targeting the Black community, with proof of participation (e.g., certificates, awards, newspaper clippings, letters, or other similar documents).

Signature of applicant: _____

Date: _____

Email address: _____