

SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
Instructions for Application for
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
URSULA JOHNSON BRACY SCHOLARSHIP
To be awarded by
THE HOME HEALTH CARE FOUNDATION
for 2017-2018 Academic Year

Deadline for Application: March 1, 2017

To be considered for this scholarship awarded by Home Health Care Foundation, you must 1) be an African-American baccalaureate student at Saint Louis University School of Nursing or at the University of Missouri - St. Louis College of Nursing; 2) be academically in good standing; 3) have demonstrated leadership characteristics as a student; 4) reside in the St. Louis greater metropolitan area (includes metro East Illinois); and 5) must demonstrate financial need by filing the FAFSA report with the Office of Financial Aid by March 1, 2017.

The Ursula Johnson Bracy Scholarship in the amount of \$2,500.00 was established by The Home Health Care Foundation in honor of Mrs. Ursula Johnson Bracy, RN, BSN, who was born on March 9, 1908. She graduated in 1932 from Kansas City General Hospital School of Nursing and received a baccalaureate degree in Public Health Nursing from Saint Louis University School of Nursing in 1951. She was employed by the Visiting Nurses Association (VNA) for nearly 40 years, serving in various capacities from August 28, 1934 until retirement on November 2, 1973. Mrs. Bracy was one of the first African-American nurses to be employed by the VNA. In 1975, she was appointed as an Honorary Board Member. She was a pioneer and leader in community health nursing throughout her professional career.

To apply for the Home Health Care Foundation Scholarship:

1. **Submit the FAFSA report by March 1, 2017.**
2. **Fill out the attached scholarship application and submit with faculty recommendation already filled out (in a sealed envelope).**
2. **The University will complete the University Comments prior to submitting the Application.**

Attach this cover application to the application materials and submit by March 1, 2017 to:

Director, Marketing and Recruitment
Saint Louis University School of Nursing
3525 Caroline Street, Room N223
St. Louis, MO 63104
314/977-8995

For additional information about SLU and federal and state financial aid, please contact the Saint Louis University Office of Financial Aid/Scholarship at (314) 977-2350 or (800) SLU-FOR-U.

**SAINT LOUIS UNIVERSITY SCHOOL OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
URSULA JOHNSON BRACY SCHOLARSHIP**

The Home Health Care Foundation offers the Ursula Bracy Scholarship to an African American baccalaureate student at Saint Louis University School of Nursing or the University of Missouri - St. Louis College of Nursing who is academically in good standing. Students who are currently on academic or professional probation are not eligible to apply for this scholarship. Applicants will be reviewed based upon financial need, leadership characteristics as a student, commitment to the nursing profession and community, and academic record. Applicants must reside in the St. Louis greater metropolitan area (includes metro East Illinois).

Applicant's Name: _____ SS#: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Class Level: _____ Anticipated date of graduation: _____

List any scholarships or grants you have received since you have been at St. Louis University or for prior undergraduate education:

Name of scholarship or grant	Sponsor	Year Received	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any student loans you have obtained since you have been at St. Louis University or for prior undergraduate education:

Creditor	City, State	Year Received	Unpaid Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment for last two years beginning with most current:

Employer	Type of Work	Hours/week	Wage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ANSWERS TO THE FOLLOWING QUESTIONS MUST BE TYPED/PRINTED FROM A COMPUTER AND LIMITED TO 250 WORDS OR LESS FOR EACH RESPONSE.

1. If you received this scholarship, how will it help you?
2. List your activities in the community at large. Include extracurricular activities in the basic nursing program, if applicable. Describe your participation in these activities.
3. Why are you pursuing a nursing education? What are your long-range career plans?
4. Please describe the role of nursing care in the future of medicine and nursing, and how your career goals are consistent with this view.

UNIVERSITY COMMENTS
ST. LOUIS UNIVERSITY SCHOOL OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
URSULA BRACY SCHOLARSHIP
to be awarded by
THE HOME HEALTH CARE FOUNDATION

Applicant: _____

CUMULATIVE GRADE POINT AVERAGE: _____
(Basic nursing program)

University Comments: _____

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
ST. LOUIS UNIVERSITY SCHOOL OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
URSULA BRACY SCHOLARSHIP**

Applicant: _____

1. How well do you know the applicant? () Very Well () Fairly Well () Slightly
2. How long have you known the applicant? _____
3. In what capacity have you been associated with the applicant? _____
4. Please rate the applicant in the following areas:

	Poor	Fair	Average	Good	Exceptional	Unsure
Initiative	_____	_____	_____	_____	_____	_____
Self-Discipline	_____	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____	_____
Ethical Conduct/Integrity	_____	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____	_____
Sense of Responsibility	_____	_____	_____	_____	_____	_____

5. Do you believe that this student will be an active contributing member of the nursing profession?

() Yes () No () Unsure

6. Recommendations:

- () 1. Recommend highly and without reservation.
- () 2. Recommend.
- () 3. Recommend with some reservation.
- () 4. Do not recommend.

7. Comments: (notable strengths and weaknesses or explanation of above answers; please use the following page if necessary.)

Date: _____

Signature

Name (Type or Print)

FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION COMMENTS: