Black Nurses Association

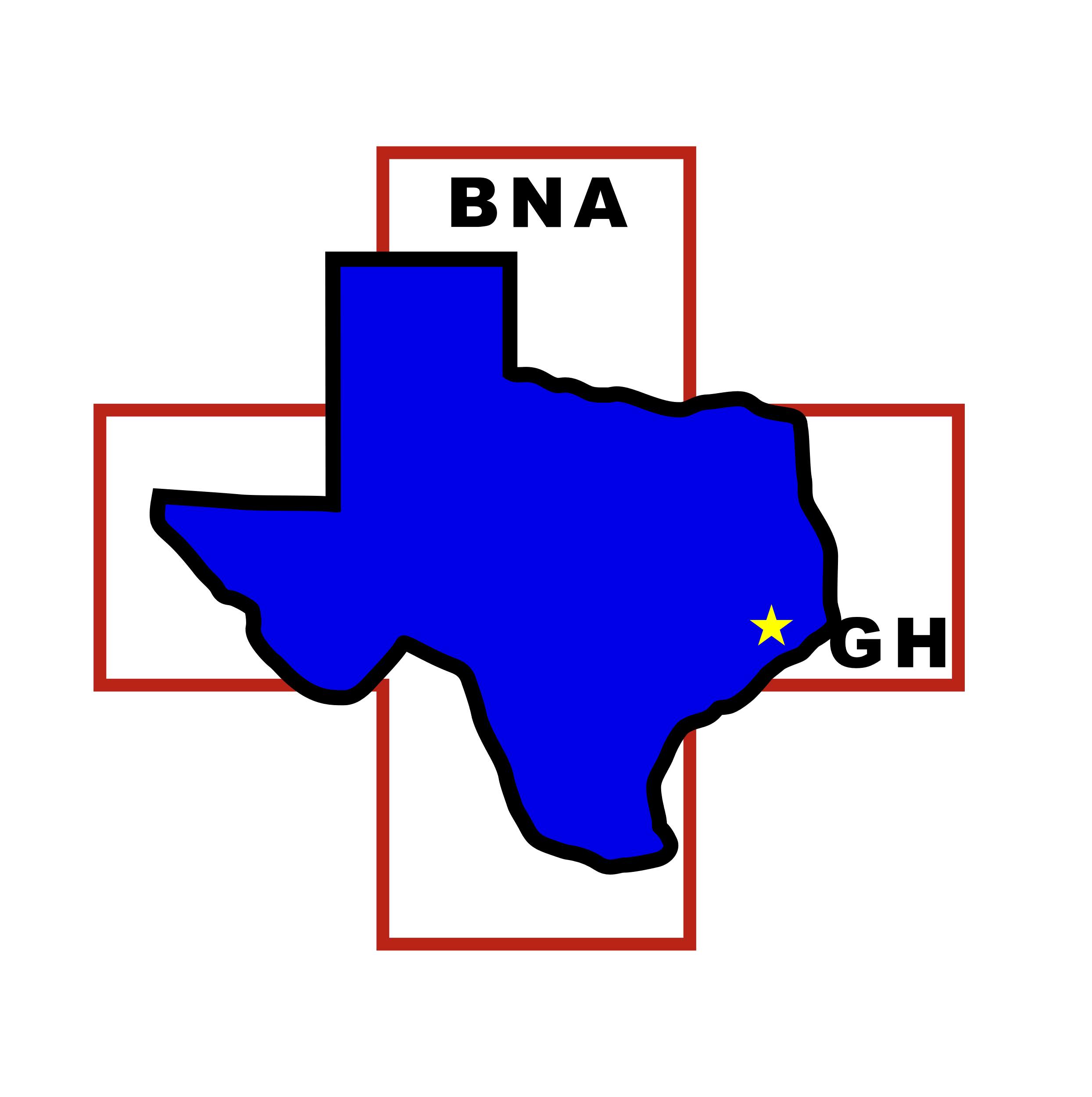
of

Greater Houston

P.O. Box 20056

Houston, TX 77225

[bnagh19@hotmail.com](mailto:bnagh19@hotmail.com)



**Undergraduate and Graduate Scholarship Application Criteria**

**The Scholarship Committee of Black Nurses Association of Greater Houston will consider applicants who meet the following criteria**

**All requested information is required for your application to be considered**

1. Enrolled in an accredited School of Nursing (PhD, MSN, BSN, or AD).
2. In good academic standing in that School of Nursing at the time of application.
3. Have at least one full year of school remaining.
4. Involved in extracurricular and/or organization activities, such as church, nursing organization, Health and Wellness or community activities.
5. Active member of Black Nurses Association of Greater Houston (BNAGH)

**Must Provide:**

1. Official transcript from current school of nursing.
2. Completed Scholarship Application. (FORM 1)
3. One letter of recommendation from a faculty member at the applicant’s school of nursing. FORM 2 **must** be used for the recommendation.
4. An essay - 300 words or less. See page four for instructions.
5. A clear/clean professional picture (Headshot or passport size picture is adequate)
6. Documented evidence of at least four (4) hours of extracurricular and/or organizational activities.

**Completed applications and all required information must be post office marked by**

**March 22, 2021**

**MAIL TO:**

**BNAGH Scholarship Committee**

**P.O. Box 20056**

**Houston, Texas, 77225**

**You may email questions to: BNAGH19@hotmail.com**

**Attention: Scholarship Committee**

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Black Nurses Association

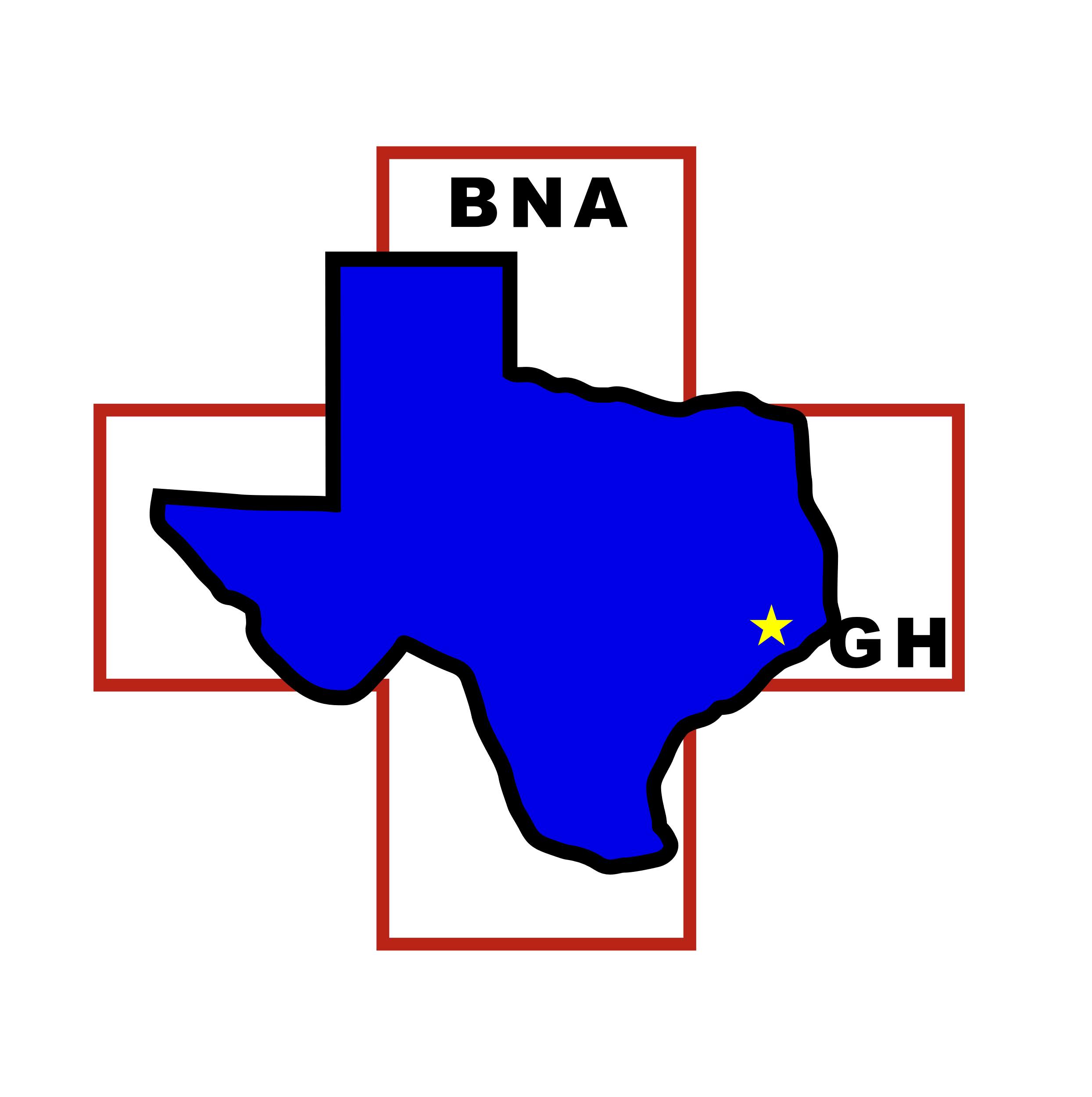
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**FORM 1: Application for a BNAGH Scholarship**

**(Please Print or Type)**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Current Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City State Zip Code

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day Evening

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Address of Current School of Nursing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all that apply: AD \_\_\_ BSN \_\_\_ MSN\_\_\_PhD\_\_\_ Full-Time\_\_\_ Part-Time­­­­\_\_\_\_

Expected Date of Graduation: Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Involvement in extracurricular activities including church, health related programs community programs/activities, volunteer services, organization affiliations and memberships. Provide supporting documentation for activities, such as a signed letter from an event/activity organizer, agenda or flyer of event with documentation of participation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Certificates and Awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How would this scholarship benefit you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Applicant Date**

Black Nurses Association

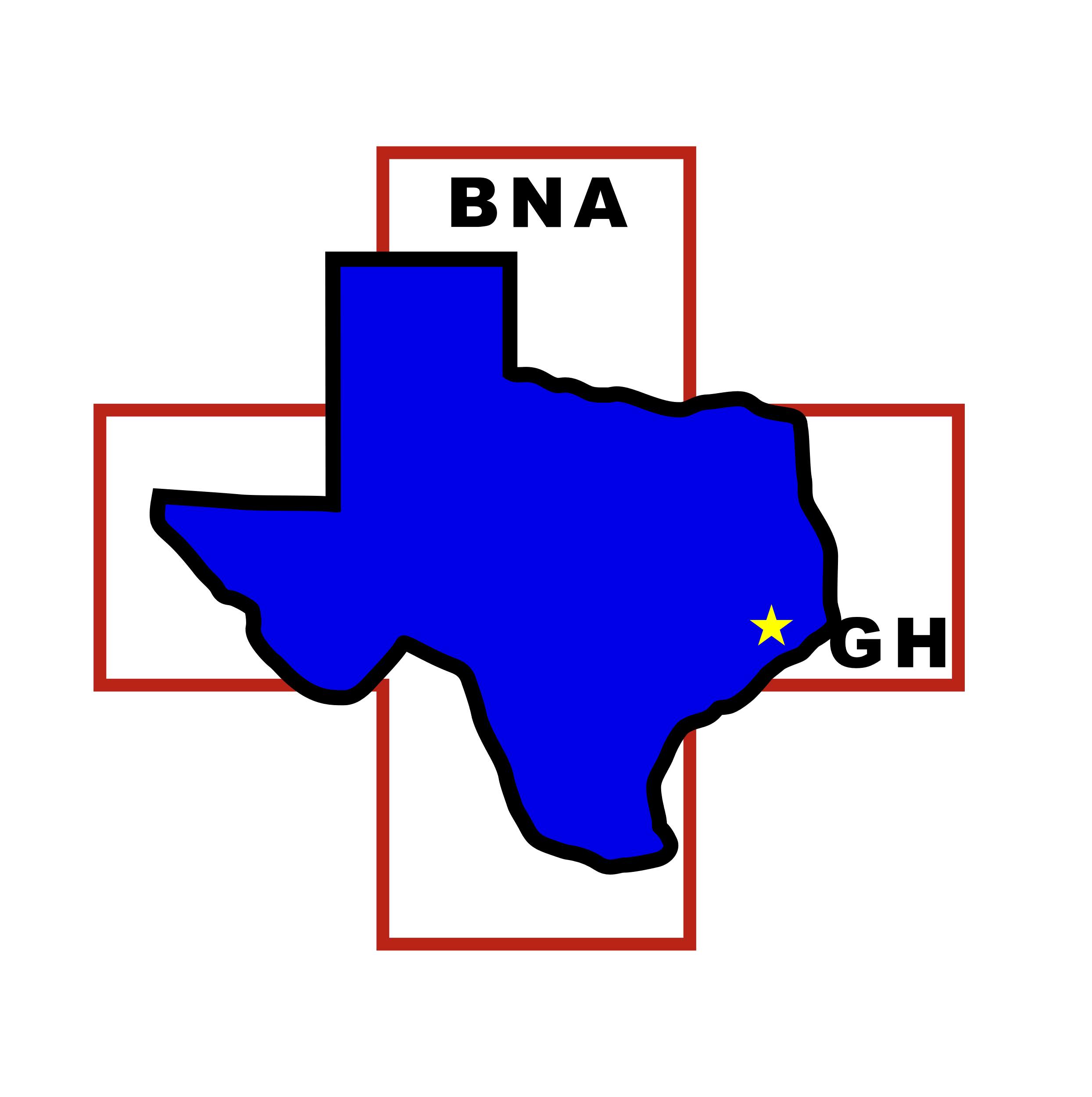
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**Form 2: Nursing Faculty Recommendation**

Applicant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate the applicant in each of the following areas:

Excellent Good Average Poor Do Not Know

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Ability to work with others |  |  |  |  |  |
| Conceptual ability |  |  |  |  |  |
| Consistency |  |  |  |  |  |
| Creativity |  |  |  |  |  |
| Flexibility |  |  |  |  |  |
| Initiative |  |  |  |  |  |
| Integrity |  |  |  |  |  |
| Leadership |  |  |  |  |  |
| Maturity |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Sensitivity to patients |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nursing Faculty Name (Print) Position**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursing **Faculty Signature Date**

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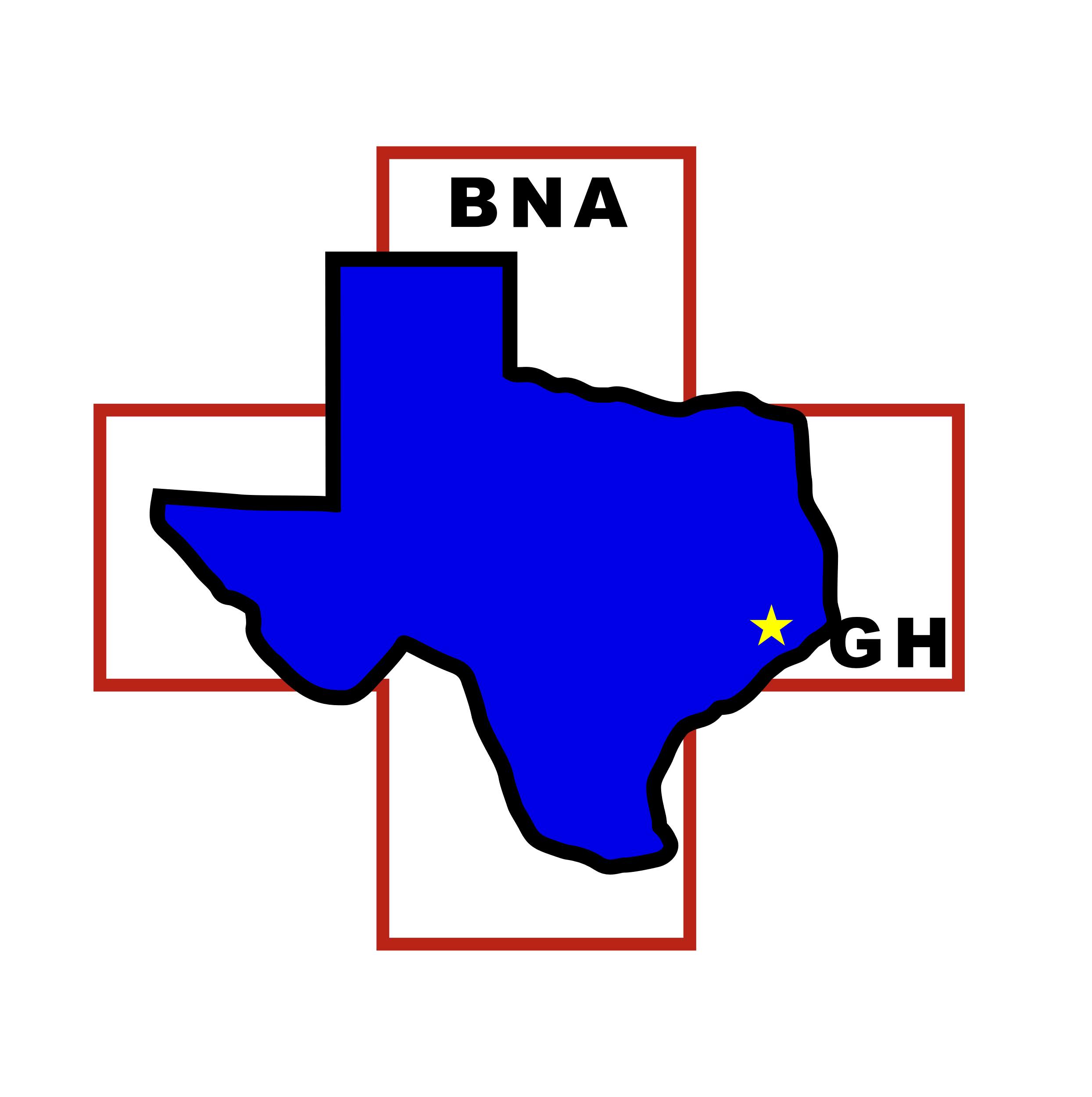
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**BNAGH SCHOLARSHIP APPLICATION**

**ESSAY QUESTIONS**

**On a separate sheet of paper, please respond to one of the following questions as identified for the level of nursing education you are currently pursuing. Your response must be no more than 300 words typed, single spaced, with a ten (10) point font. Be sure to include your name on the document.**

**Responses that do not follow the criteria as outlined above will not be reviewed.**

1. For pre-licensure nursing students who are in a Diploma, Associate Degree or Bachelor of Nursing program, please write your response to the following:

**Describe what nursing means to you.**

1. For the LVN to RN or the RN to BSN student, please respond to the following:

**What are the factors that have motivated you to seek a higher level of nursing education?**

1. For those seeking an advanced nursing education (MSN or PhD), please respond to the following:

**What do you see as the critical issues impacting population health for which an advanced degree in nursing will make a difference in patient outcomes?**

**PLEASE RESPOND TO ONLY ONE STATEMENT/QUESTION THAT IS RELATED TO THE NURSING EDUCATION YOU ARE SEEKING. ONLY ONE RESPONSE WILL BE REVIEWED AND MULTIPLE RESPONSES WILL NOT BE CONSIDERED AND MAY AFFECT STANDING IN THE APPLICATION PROCESS.**

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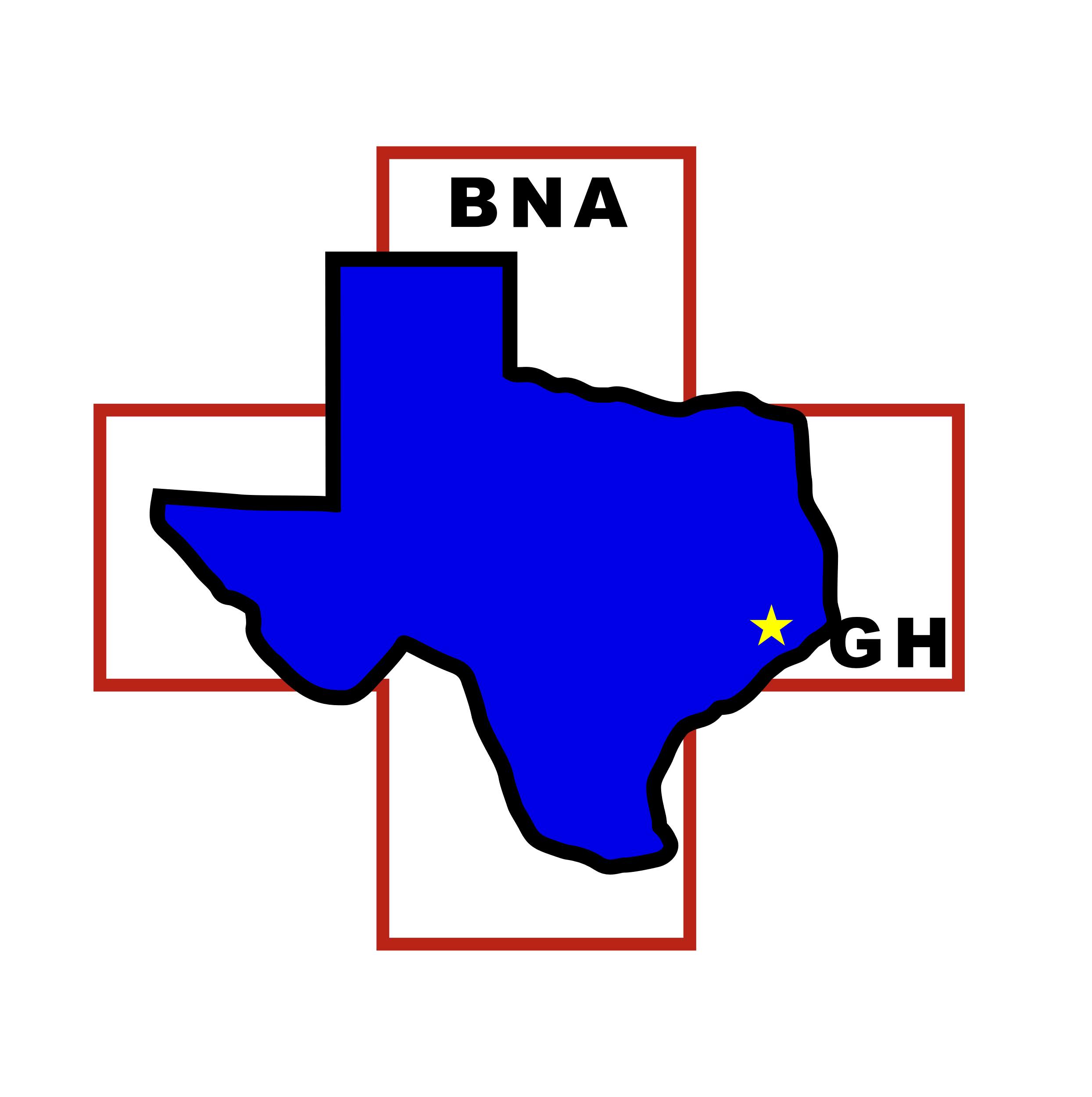
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**Please Note:**

All criteria on the preceding pages must be completed entirely. Otherwise, your application will be disqualified.

Transcripts must be an official copy from your college. All other transcripts are unacceptable and disqualifying.

Applications must be received by **March 22, 2021** to be considered for the scholarship.

Thank you for your participation in the BNAGH scholarship program.