

**Black Nurses Association of Greater Cincinnati, BNAGC**  
**PO Box 17245 Cincinnati, OH 45217**  
[bnagcscholarship@gmail.com](mailto:bnagcscholarship@gmail.com)



## **Black Nurses Association of Greater Cincinnati 2025 Scholarship Application**

**Must be a Black Nurses Association of Greater Cincinnati, BNAGC and/or National Black Nurses Association, NBNA Member to Apply**

### **SCHOLARSHIP REQUIREMENTS**

1. Must be a member of the BNAGC local chapter and/or NBNA. Go to <https://bnagc.org> to apply.
2. Candidates must be currently enrolled in a nursing program (LPN/LVN, ADN, RN-BSN, Generic BSN, Masters, Doctorate) and in good scholastic standing with a GPA of 2.5, at the time of application.
3. Applicant must have at least one full year of school remaining.

Name \_\_\_\_\_  
First Middle Last

Contact: Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Optional: Secondary Contact #: \_\_\_\_\_

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

City State Zip Code

Student I.D.#: \_\_\_\_\_

### **Current School of Nursing Enrolled**

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone # ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Nursing Program – (Circle or Highlight) – LPN/LVN, ADN, RN-BSN, Generic BSN, Masters, Doctorate,  
Other: \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

### **Must Provide:**

1. Official Transcript(s) from an accredited School of Nursing.
2. A two-page personal statement/essay on a separate Word document, double-spaced, 12 pt. font, in 500 words or less, answer the following questions.
  - How will this scholarship benefit you as a nursing student?
  - What are your long-term goals for your nursing career? How will the scholarship help you achieve them?

- Discuss your commitment to making a difference in the nursing profession (e.g. improving patient care, addressing health disparities)?
- 3. Two (2) letters of recommendation:
  - From Dean or Faculty Member
  - From BNAGC Chapter President / Vice President or a BNAGC Member
- 4. Resume or CV.
- 5. Letter from the Registrar verifying enrollment and expected graduation date.
- 6. A clean/clear professional headshot or passport photo.
- 7. Proof of BNAGC and/or NBNA membership
- 8. Optional items to accompany the application may include documented evidence of:
  - Participation in student nursing activities.
  - Involvement in community service activities.(e.g., letters, awards, certificates)

**NOTE: The scholarship award will be forwarded directly to the school's bursar/finance office.**

**I hereby affirm that all the information provided is true. Any false statement will result in the forfeiture of the scholarship award.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print: \_\_\_\_\_ Date: \_\_\_\_\_

**Email application and supporting documentation to: [bnagcscholarship@gmail.com](mailto:bnagcscholarship@gmail.com)  
Attention: Scholarship Committee**

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST BE RECEIVED  
NO LATER THAN APRIL 18, 2025 BY 5:00 pm (EST)**