

Black Nurses Association of Greater Cincinnati, BNAGC

PO Box 17245, Cincinnati, OH 45217

bnagcscholarship@gmail.com



Black Nurses Association of Greater Cincinnati 2026 Scholarship Application

SCHOLARSHIP REQUIREMENTS

1. Must be a member of the Black Nurses Association of Greater Cincinnati local chapter and/or National Black Nurses Association. Go to <https://bnagc.org> to apply.
2. Candidates must be currently enrolled in a nursing program (LPN/LVN, ADN, RN, BSN, MSN, DNP and beyond) 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, MSN, DNP, 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 a BNAGC Member
4. Resume or CV.
5. Proof of current enrollment, in good academic standing and expected graduation date.
6. A high-resolution headshot 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: bnagscholarship@gmail.com
Attention: Scholarship Committee**

**RECEIPT OF APPLICATION AND ALL REQUIRED INFORMATION MUST BE RECEIVED
NO LATER THAN APRIL 30, 2026 BY 5:00 pm (EST)**