



## 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 must be completed. To assist you with this process, we have devised these guidelines to assist you. Please review this information carefully. Recognize that the Scholarship and Awards Committee must receive **all** documents in order for your application to be considered. Applications that contain missing documents will not be reviewed and will be rejected.

#### **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. Sign the attached Commitment Letter

*Each applicant **must** provide the following:*

1. Completed 2022 Scholarship Application;
2. Copies of transcript(s) from most recently attended/enrolled accredited school of nursing; the Scholarship and Awards Committee reserves the right to require an official transcript;
3. Three-page typed essay (guidelines provided in separate section);
4. Reference letters from **two** (2) of the four listed below;
  - a. Dean, Nursing Director, or Faculty (on official letterhead)
  - b. Minister or religious leader (e.g., Pastor, Priest, Imam, Rabbi; on official letterhead)
  - c. Nurse in the community; can be a member of the BNA of Greater St. Louis (on letterhead of place of employment or healthcare affiliation)
  - d. Individual who is knowledgeable about applicant's personal and professional character with signature and contact information (**cannot** be family member)
  - e. Letters are to be emailed directly from the selected reference and to be delivered to provided email address. Reference Letters should be saved as a Word document or PDF file.
  - f. See the document labeled "REFERENCE LETTER COVER PAGE" for specifics;
5. Documentation of current enrollment and grade point average of 2.75 or better, in nursing courses; and,
6. Recent **professional-type headshot** is required, sent as an attachment in a separate email; no exceptions.



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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 Black/African American community (e.g., letters, news clippings, awards, certificates, etc.)

### ***Additional Information:***

1. You may receive scholarship funds from BNA of Greater St. Louis a total of twice as a/an LPN/LVN, diploma, ADN, BSN, or master's 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](mailto:bnagreaterstlouis@gmail.com), Attn: Scholarship and Awards Committee Chair, no later than **12:00 pm (CST), Saturday, August 20, 2022**.
4. Each applicant will receive notification of receipt of the completed scholarship application (including supporting materials). It is the applicant's responsibility to email the Scholarship and Awards Committee Chair at [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com) if no such notification is received.
5. Please have Reference Letters emailed directly to [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com) Attn: Scholarship and Awards Committee Chair.
6. All applicants will be notified of the Scholarship and Awards Committee's decision by **September 4, 2022**.
7. **Note:** Scholarship applications **will not** be accepted by US mail.
8. **Please note:** The Scholarship and Awards Committee will only review completed applications. **Failure to submit all required information automatically disqualifies the applicant.**
9. Submit only the documents, including number of documents, requested. For instance, do not submit more than two reference letters.
10. Feel free to contact the Chair of Scholarship and Awards Committee at [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com), or 314.646.6144 should you have questions or need further clarification on the guidelines.
11. Scholarships will be awarded during the 5th Annual Edith L. Cole Scholarship Luncheon of the Black Nurses Association of Greater St. Louis, to be held **Saturday, September 17, 2022**, from 11 am until 2 pm, at Orlando's Events Centers, 2050 Dorsett Village, Maryland Heights, MO. Recipients are expected to attend the monthly meeting, and can invite one guest to the meeting.



**Black Nurses Association of Greater St. Louis**  
**2022 Scholarship Application**  
Please complete via computer, 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 only 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:

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 on which you have served, and other activities in which you have participated as a member of NBNA and/or BNA of Greater St. Louis.

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

**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 an additional sheet, if necessary)*

*Please email application and supporting documentation to:  
Attn: Scholarship and Awards Committee Chair  
at [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com)*



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### ESSAY GUIDELINES

Each applicant is to write a three-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 Scholarship and Awards Committee why you feel you are the most qualified person and why you 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 Black/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 Blacks/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. Address how your education will help you achieve those goals. Address how you will contribute to BNA of Greater St. Louis. Discuss, if selected as a scholarship recipient, one student goal in which you will complete within six months of receiving the scholarship.

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. It helps to have someone read your essay before you submit it. Include your name on your essay, and always add page numbers to your work.

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

**Email application materials to [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com) so they are received no later than 12:00 pm (CST), Saturday, August 20, 2022.**

**Incomplete or late applications will not be considered.**



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## REFERENCE LETTER COVER PAGE

**NAME OF APPLICANT** \_\_\_\_\_

Your comments are of importance to the Scholarship 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 **each** of the following items:

1. the applicant’s ability to successfully complete a nursing program;
2. the applicant’s 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 the scholarship.

Each reference letter must be written on letterhead and forwarded electronically directly to the Black Nurses Association of Greater St. Louis. Please submit your reference letter with this Reference Letter Cover Page. Email your documents to [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com), Attn: Scholarship and Awards Committee Chair.

This applicant is: (check one)

\_\_\_\_\_ Strongly recommended for the scholarship

\_\_\_\_\_ Recommended for the scholarship

\_\_\_\_\_ Recommended with reservations for the scholarship

Approximately how long have you known the applicant and in what capacity do you know the applicant?

Months/Years: \_\_\_\_\_

Capacity in which you know applicant: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Email your completed Reference Letter as an attachment (formatted as docx., doc., RFT., or pdf.) to: [bnagreaterstlouis@gmail.com](mailto:bnagreaterstlouis@gmail.com) Attn: Scholarship and Awards Committee Chair. Reference Letters must be received no later than 12:00 pm (CST), Saturday, August 20, 2022.



**BLACK NURSES ASSOCIATION OF GREATER ST. LOUIS**  
**COMMITMENT LETTER**

As a scholarship recipient from the BNA of Greater St. Louis, I hereby agree to the following terms and conditions:

1. I must become a member of BNA of Greater St. Louis the year in which I receive the scholarship **and** remain a member for at least one year after receiving the scholarship;
2. I **MUST** attend at least four BNA of Greater St. Louis monthly meetings by the end of the second year after I receive the scholarship; and,
3. I **MUST** participate in at least four community activities sponsored by BNA of Greater St. Louis by the end of the second year after I receive the scholarship.

If I have already made prior commitments to participate in community-oriented events through my school of nursing, or other community-oriented events targeting the Black community, I may utilize these acts of service in lieu of a BNA of Greater St. Louis activity. I understand that I must provide verifiable proof of participation to be submitted at year's end. This is limited to one or two activities as we do want you to be active in activities sponsored by BNA of Greater St. Louis.

If I cannot fulfill the obligations as outlined above, I understand that I **MUST** provide verifiable proof of hardship (e.g., strenuous work/school load, physical barriers to participation,) that will be evaluated by the Scholarship and Awards Committee on an individual basis.

Failure to fulfill these obligations and provide documentation at year's end will result in my current award being revoked and/or ineligibility to be considered for any other scholarships, sponsored by the Black Nurses Association of Greater St. Louis until my current obligation has been fulfilled.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Email address: \_\_\_\_\_