

BLACK NURSES' ASSOCIATION-GREATER PHOENIX AREA Academic Scholarship Program *The Loretha Williams Scholarship*

Purpose:

The Black Nurses Association Greater Phoenix Area (BNAGPA) serves as a resource to all Black student nurses in Arizona by supporting scientific and educational activities. The purpose of the BNAGPA Academic Scholarship Program is to enhance the development of Black nurses in Arizona. It further serves the nursing profession by providing scholarships to undergraduate and graduate students enrolled in, or accepted for enrollment in academic nursing education program in Arizona or nursing related continuing education programs.

Amount of Award:

The amount of monies awarded is determined by the Board members and Scholarship Committee Chairperson of BNAGPA. Monies are granted to the individual and may be considered to be taxable.

Application:

Application forms are obtained from and submitted to the Black Nurses Association Greater Phoenix Area, 5060 N. 19th Ave. Suite 210, Phoenix, AZ 85015.

All applications must be submitted on original or duplicated forms. Only those applications received on or before the application deadline will be reviewed. Applications received after the deadline will be reviewed during the next review cycle if requested by the applicant. Deadline for application submission is Friday July 1, 2011.

Applicants will be required to submit documentation of enrollment or acceptance into an education program. Such documentation may include, but is not limited to, a transcript (official or unofficial), current course work, a certificate of admission, or a written statement from an appropriate academic official. Applicants may be enrolled part-time or full-time. Recipients may submit an application each year as long as he or she is enrolled in an academic educational program. Recipients of the Loretha Williams Scholarship must be a member and remain in "good standing" in the organization. Students are highly encouraged to take advantage of the opportunity for involvement and active participation on committees, activities and community group projects.

Prime Benefits of Joining:

- Professional networking
- Sponsoring and mentoring nursing students
- Opportunities to serve your community
- Free CEUs
- Nursing scholarships available to BNAGPA
- Employment opportunity awareness
- Assist nurses in seeking advanced degrees

Guidelines for Scholarship Applicants

Scholarship applications may be obtained from the BNAGPA website, your nursing program, or by contacting the Scholarship Committee.

Deadline for receipt of all completed applications with supporting documentation is Friday, July 1, 2011. Only completed applications will be considered. In order for your application packet to be considered complete, you must include the following information:

- Completed and signed application form
- The applicant must have at least one full year of school remaining.
- The application must be typed. Applications are judged on presentation.
- Typed essay (maximum three pages) covering the following:

Future Plans

- What are your major career interests and professional goals?
- How can our organization support you with your goals other than financially?

Employment History

• Briefly describe past employment beginning with your most recent or current employment.

Extracurricular Activities

• Briefly describe or list any professional activities, service and social organization memberships, as well as offices or positions held in them *during the last three years*.

Past Awards and Honors

• List any awards or special honors you have received.

Comment on Need

• Describe any circumstances that have influenced you to apply for this scholarship and how you will use the money if it is granted to you.

Copy of official transcript and evidence confirming your enrollment and good standing in an N.L.N. accredited nursing program. Current grades must be submitted. Applicant must be enrolled in current semester/quarter and must submit proof of enrollment (i.e. course schedule).

MAIL COMPLETED APPLICATION AND ACCOMPANYING MATERIAL TO:

Black Nurses Association Greater Phoenix Area Scholarship and Awards Committee Chairperson 5060 N. 19th Ave. Suite 210 Phoenix, AZ. 85015



The Loretha Williams Scholarship Application

<u>Directions</u>: Please type or print legibly. Do not attach a resume or curriculum vitae. Applicants are encouraged to answer all questions in the spaces provided.

| Name of applicant | | Date | | |
|------------------------------------|---|----------|---------------|--|
| (Last) | (First) | (M.I.) | | |
| Current mailing address | | | | |
| (Street) | (City) | (State) | (Zip Code) | |
| Telephone | | Fax | | |
| (Daytime) | (Even: | ing) | | |
| Email Address | | | | |
| Name of school of nursing | | | | |
| Location of school(City) | , AZ. Expected date of graduation(Month/Year) | | | |
| Type of Program (Check One) | Associated Degree | eBaccala | ureate Degree | |
| Graduate Degree (specify) | | | | |
| I have attached two recommendation | s in a sealed envelope | from: | | |
| Name | · | Fitle | | |
| Name | | Fitle | | |

Scholarship Application - Page 2

| Post Secondary Education: | | | | |
|---------------------------|--------------------|--------------------|--|--|
| College/University | Certificate/Degree | Year of Completion | | |
| | | | | |
| | | | | |
| | | | | |
| Work Experiences: (With | in Last 5 Years) | | | |
| Name/Location | Position | Year of Service | | |
| | | | | |
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The Loretha Williams Scholarship Recommendation

NAME OF APPLICANT: _____

SCHOOL OF NURSING: _____

The above student is applying for a scholarship sponsored by the Black Nurses Association Greater Phoenix Area, Incorporated. Please answer the following:

1. In what capacity do you know the applicant?

- 2. Please comment on the applicant's ability regarding the following. (Use additional pages if needed)
 - a. Leadership

b. Scholarship

The Loretha Williams Scholarship Recommendation (Continued)

c. Adaptability

d. Resourcefulness

e. Character

3. Please feel free to make any additional comments below. (Use additional pages if needed)

Name/Title

Date

Address

Telephone