



Black Nurses Association of Greater Washington, D.C. Area, Inc. **Dr. Johnella Banks Memorial Scholarship**

Overview

The Johnella Banks Memorial Scholarship was established in memory of Johnella Banks, DNSc, RN, an associated professor of nursing at Howard University College Nursing. She served on the D.C. Public Health Advisory Board, Hospice Society of Northern Virginia Advisory Board, and the Montgomery County Commission for Women. In addition, she was a past president of the Black Nurses Association of Greater Washington, D.C. Area (BNA-GWDCA) and the DC League of Nursing. Dr. Banks was the 8th recipient of the BNA-GWDCA Black Nurse of the Year award.

Scholarship Eligibility Criteria

The scholarship applicant must:

- Be a sophomore, junior or first semester senior nursing student in a registered nursing or practical nursing program.
- Be African American with a permanent residence in:
 - the District of Columbia or
 - one of these Maryland counties: Anne Arundel, Calvert, Charles, Howard, Montgomery, or Prince George's; or
 - one of these Virginia counties: Alexandria, Arlington, Fairfax, Loudoun, or Prince William.
- Be currently enrolled, full-time or part-time, and plan to remain enrolled, full-time or part-time in a nationally accredited prelicensure nursing program. (*The accepted national nursing accreditors are the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), or the National League for Nursing (NLN) Commission for Nursing Education Accreditation (CNEA).*)
- Have one or more semesters of school remaining on receipt of the scholarship.
- Have a 2.8 or higher GPA on a 4.0 scale.
- Demonstrate financial need.



Instructions: Dr. Johnella Banks Memorial Scholarship

Submit the following information in one PDF with bookmarks to bnafgwdca@gmail.com on or before the deadline date. Remember to have your transcripts sent electronically directly from the school to bnafgwdca@gmail.com If your school cannot send your transcripts electronically then the school can mail the transcripts to **Black Nurses Association of Greater Washington, D.C. Area, Post Office Box 55143, Washington, DC 20040.**

- Complete and sign the application form.
- A written essay (300 words or less) that describes your personal nursing goals/objectives, how African American nurses can address specific needs of the African American community, and your statement of financial need to complete your educational goals.
- Written essay (300 words or less) that describes 1) your personal and nursing goals/objectives, 2) how African American nurses can address specific needs of the African American community, and 3) your statement of financial need to complete your educational goals and how this scholarship will support this need.
- At least two (2) , but no more than four (4) letters of recommendations from unrelated persons. Individuals completing and signing the letter of recommendation may include a current or former nursing faculty or advisor, employers, religious leaders, or professional colleagues who can address your scholarship ability and potential, leadership skills & qualities, adaptability & flexibility, and character. Individuals providing the recommendations must use the Scholarship Recommendation Form attached to this application. (*Recommendations from family members are not acceptable, even if the family member is a faculty, professional colleague, employer, or religious member/leader or community leader.*)
- Current official transcripts from the college/university you are enrolled in. (*BNA-GWDCA considers a transcript to be official when your school sends it directly through an electronic transcript submission service to the BNA-GWDCA email bnafgwdca@gmail.com or by mail to this address Black Nurses Association of Greater Washington, D.C. Area, Post Office Box 55143, Washington, DC 20040.*)
- Provide evidence of any scholastic achievements, community service, honors received, awards, certificates of recognition, and/or letters recognizing or commending your actions that support your nursing career, (*examples may include, but are not limited to, volunteering in the community, leading a committee or task force, active participant in nursing or community organization, etc.*)



Dr. Johnella Banks Memorial Scholarship

Application Cover Page

Date: _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Preferred phone: _____

Preferred email: _____

Nursing Program Information

Name of College/University currently enrolled: _____

Street Address: _____

City/State/Zip code: _____

Dean's Name _____

Type of nursing program enrolled.

☐ ADN ☐ BSN ☐ Practical Nursing

☐ Other _____

☐ Full time or ☐ Part-time

Expected graduation date _____



Work Experiences within the last 5 years (add additional pages as needed)

Employer Name _____

Employer Street Address _____

Employer City, State Zip _____

Your Position _____

Years employed (start and end dates) _____

Immediate Supervisor/Manager Name _____

In five (5) sentences or less, provide a brief description of your current role and duties.

Employer Name _____

Employer Street Address _____

Employer City, State Zip _____

Your Position _____

Years employed (start and end dates) _____

Immediate Supervisor/Manager Name _____

In five (5) sentences or less, provide a brief description of your current role and duties.



REQUIRED: Written essay (300 words or less) that describes 1) your personal and nursing goals/objectives, 2) how African American nurses can address specific needs of the African American community, and 3) your statement of financial need to complete your educational goals and how this scholarship will support this need. You may add or use a separate page.

To further support your application, provide evidence of your professional and nursing scholastic achievements, community involvement, honors received, awards, certificates of recognition and/or letters recognizing or commending your actions in nursing, *(examples may include, but are not limited to, volunteering in the community, leading a committee or task force, active participant in nursing or community organization, etc.)*

Please check the appropriate box

My name and picture can be published on the BNA-GWDCA website, program books, newsletters, or other public facing documents ☐ YES ☐ NO

By signing and submitting this application, I attest that all statements made in this application are true, complete, and correct to the best of my knowledge. I agree to provide the BNA-GWDCA with a summary of how the scholarship was used to further my nursing education.

Scholarship Applicant's Signature

Date



Dr. Johnella Banks Memorial Scholarship Recommendation

Scholarship Applicant Name _____

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Instructions to person writing the recommendation:

The above-named individual is applying for a scholarship sponsored by the Black Nurses Association of Greater Washington, D.C. Area, Inc. Please complete this recommendation form. If needed, you may use up to three (3) additional pages. Return your recommendation and any additional pages to the Scholarship Applicant so it can be submitted with their scholarship application packet.

Name of Person Writing Recommendation _____

Street Address _____

City, State, Zip _____

Preferred phone _____

Preferred email _____

Respond and elaborate on the following as they relate to the applicant.

1. In what capacity do you know the applicant and for how long?

2. Scholarship and academic ability and continual learning



3. Leadership ability, skills, and qualities

4. Adaptability and flexibility

5. Character



6. Provide any additional comments or information to support this applicant's application.

By signing my name, I attest that the information contained in this recommendation is complete, accurate, and true. I understand that any misrepresentation of facts on this recommendation could be cause for revocation of scholarships for the student I am recommending.

Signature

Date