



**Black Nurses Association
of Greater Washington, D.C. Area, Inc.
Veronica S. Longstreth Memorial Scholarship**

Overview

The Veronica S. Longstreth Memorial Nursing Scholarship was established in 2021. Ms. Veronica S. Longstreth, MS, RN had a lengthy career in nursing administration and worked in the District of Columbia government in various positions for over 20 years serving the citizens of the District of Columbia. The last position she held was Associate Director of the Office of Health Facilities, Health Regulation and Licensing Administration (HRLA).

Scholarship Eligibility Criteria

The scholarship applicant must:

- 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 enrolled full-time or part time and plan to remain enrolled full-time or part-time in a nationally accredited nursing program leading to an undergraduate (ADN or BSN) or graduate (MSN, DNP, DNAP or PhD) degree in nursing. The accepted national nursing accreditors are:
 - 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).
 - A nurse-midwifery program must be accredited by the Accreditation Commission for Midwifery Education (ACME) or CCNE, ACEN, or CNEA.
 - A nurse anesthesia program must be accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) or CCNE, ACEN, or CNEA.
- Have one or more semesters of school remaining on receipt of the scholarship.
- Have a 2.5 or higher GPA on a 4.0 scale.
- Demonstrate financial need.



Instructions: Veronica S. Longstreth 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.**

- Completed and signed application form.
- 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 based on current public health priorities, 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.)*



Veronica S. Longstreth Memorial Scholarship

Application Cover Page

Date: _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Preferred phone: _____

Preferred email: _____

Nursing School Information

Name of College/University currently enrolled: _____

Street Address: _____

City/State/Zip code: _____

Dean's Name _____

Degree Type of nursing program enrolled.

☐ ADN ☐ BSN ☐ MSN ☐ DNP ☐ DNAP ☐ PhD

☐ Other _____

☐ Full time ☐ 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 role and duties.



REQUIRED: Written essay (300 words or less) that describe 1) your personal and nursing goals/objectives, 2) how African American nurses can address specific needs of the African American community based on current public health priorities, 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 nursing scholastic achievements, honors received, awards, certificates of recognition and/or letters recognizing or commending your actions in nursing, professional and community involvement, awards, or certificates of recognition, *(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, Inc 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



Veronica S. Longstreth 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