Black Nurses Association of Greater Washington, D.C. Area, Inc.

Mourine A. Evans Nursing Scholarship

Overview

The establishment of a scholarship fund in honor of Mourine A. Evans MS, BSN, RN, the 2023 Black Nurse of the year and to honor Mrs. Evans' passion for the role of education in advancing professional nursing. The purpose of this scholarship fund is to support a nurse(s) seeking a Master's, PhD, or Doctor of Nursing Practice degree.

The following donors provided the *SEED MONEY*

- Paulette Campbell, Gordon Barnaby, Lenn & Nellie Robinson, Floyd H. Jones
- Linda B. Talley, John S. Gorman, Dr. Kurt Newman, Mavis Hawkes.

The Black Nurses Association of Greater Washington D.C. Area (BNA-GWDCA) scholarship committee will ensure fairness, transparency, and effectiveness in reviewing applicants and awarding financial assistance to qualified candidates.

Financial Award

The Scholarship Committee will recommend the monetary amount for chapter in collaboration with the Chapter Finance Committee based on funds available for this scholarship to the Chapter Executive Committee. The scholarship will be sent directly to the school.

Ongoing Support and Mentorship

Ongoing support and mentorship to scholarship recipients throughout their graduate school studies will be provided by an assigned mentor of the BNA-GWDCA facilitating networking opportunities and connecting students with resources for academic and professional development.

Scholarship Eligibility Criteria

The applicant must:

- Be an African American, a United States citizen or a permanent resident residing in one of the following areas:
  - District of Columbia
  - one of the following Maryland counties: Anne Arundel, Calvert, Charles, Howard, Montgomery, or Prince George's
  - one of the following Virginia counties: Alexandria, Arlington, Fairfax, Loudoun, or Prince William
- Must be a member of NBNA and BNA-GWDCA for a minimum of one year to be considered for this scholarship.
- Have an acceptance letter or have matriculated at a nursing program in a nationally accredited college or university leading to a Master's, PhD or Doctorate in Nursing Practice degree (as applicable, the nursing degree program is accredited by the

appropriate nursing accreditor.)

- Have a 3.0 or higher GPA on a 4.0 scale.
- Provide documentation demonstrating a financial need.
- Submit a signed and completed application

Instructions: Mourine A. Evans Nursing Scholarship

Submit the following information in one PDF with bookmarks to bnaofgwdca@gmail.com on or before the deadline date. Remember to have your transcripts sent electronically directly from the school to bnaofgwdca@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 educational goals, 2) current and projected contributions to the community, include your community service and volunteer activities, 3) reasons you should be selected to receive this scholarship; and 4) evidence of your financial need to complete your educational goals.

- Two (2) letters of recommendation from an unrelated adult. Individuals completing and signing the letter of recommendation must include current academic leaders who can address your scholarship ability and potential, leadership skills & qualities, adaptability & flexibility, and character. The second recommendation is from an employment supervisor or professional organization leader.

- Scholarship Recommendation Form attached to this application. (*Recommendations from family members are not acceptable, even if the family member is a teacher, employer, or religious member/leader or community leader.*

- Current official transcripts. *BNA-GWDCA considers a transcript to be official when sent directly through an electronic transcript submission service to the BNA-GWDCA email bnaofgwdca@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 your scholastic achievements, extracurricular activities, volunteer service, honors received, awards, certificates of recognition, and/or letters recognizing or commending your actions.

- Copy of the letter confirming acceptance or enrollment in a university.

Mourine A. Evans Nursing Scholarship

Application

Date: _____

Applicant Name _____

Street Address _____

City, State, Zip _____

Preferred phone: _____

Preferred email: _____

College/University Information

Name of College/University accepted or enrolled: _____

Street Address:_____

City, State & Zip code: _____

Nursing School Dean's Name _____

Date Classes Begin: _____

☐ Full time ☐ Part-time

Expected graduation date _____

Work experiences within the three last 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 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 1) your personal and educational goals, 2) current and projected contributions to the community, include your high school community service and volunteer activities, 3) reasons you should be selected, and 4) evidence of your financial need to complete your education goals and how this scholarship will support this need.

Provide evidence of your involvement such as awards, certificates of recognition and/or letters of recognition or commendation.

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 understand any misrepresentation of facts in this application is cause for automatic denial of receipt of the scholarship or revocation of the scholarship. I agree to provide the BNA-GWDCA with a summary of how the scholarship assisted in furthering my nursing education goals and contributed to nursing. I agree to maintain my membership in NBNA and BNA-GWDC for at least 3 years after accepting this scholarship.

Scholarship Applicant's Signature Date

Mourine A Evans Nursing Scholarship

Recommendation

Scholarship Applicant Name _____

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Instructions to a 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. If needed, you may use up to three (3) additional pages. Please complete and 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 potential

3. Leadership ability, skills, and qualities

4. Adaptability and flexibility

5. Character

6. Applicant's financial assistance needs to meet educational goals.

7. 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 denial of the scholarship or revocation of scholarships for the student I am recommending.

Signature Date