



### ***The Loreatha Williams Academic Scholarship***

The purpose of the Black Nurses Association Greater Loreatha Williams Scholarship is to honor Loreatha Williams, a nursing pioneer in Arizona. Ms. Williams was born in Yuma, Arizona and moved to Phoenix after high school. She was the first African American graduate of the Good Samaritan School of Nursing. She pursued and received her BSN from Arizona State University. Ms. Williams worked at Maricopa Medical Center where she became one of the first African American nursing administrators. Loreatha was one of the founding members of the Greater Phoenix Chapter of BNA. She was also active in the Arizona Nurses Association where she served as a delegate to several national meetings.

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 BNAGPA Academic Scholarship Program is designed to foster the education and 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 programs in Arizona or nursing related continuing education programs. Primary benefits of joining Black Nurses' Association-Greater Phoenix Area:

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

The amount of the award is determined by the Board members and Scholarship Committee Chairperson of BNAGPA. Funds are granted to the individual and maybe considered taxable. This award maybe used for tuition, fees, books or equipment as part of course study. Application forms are obtained from and submitted to the Black Nurses' Association Greater Phoenix Area, 700 East Jefferson Street, Suite 402, Phoenix, AZ 85034. BNAGPA office phone number is: (602) 249-5667. Email: [info@bnagpa.org](mailto:info@bnagpa.org). Website: [www.bnagpa.org](http://www.bnagpa.org). Applicants must be a resident of Arizona.

All applications must be submitted on an original form. Deadline for application submission is July 1<sup>st</sup>. Only those applications received on or before the application deadline will be reviewed. Applicants will be required to submit documentation of enrollment and acceptance into a nursing program (LVN/LPN, ADN, BSN, MSN, etc.). Such documentation may include, but is not limited to, an official transcript, current course work, and certification of admission. Applicants may be enrolled part-time or full-time. Recipients may submit a new application each year as long as he or she is enrolled in an academic nursing program. Recipients of the Loreatha Williams Scholarship are highly encouraged to become a member of BNAGPA and take advantage of the opportunities for involvement with active participation on committees, and community group projects. We wish you success in your educational and career goals.



**GUIDELINES FOR SCHOLARSHIP APPLICANTS**

Applicant must be enrolled in current semester/quarter and must submit proof of enrollment. Deadline for receipt of all completed applications with supporting documentation is July 1st. Only completed applications will be considered. In order for your application packet to be considered complete, you must include the following information:

- The applicants must have at least one full year of school remaining.
- Completed and signed application form
- Two recommendations submitted by July 1<sup>st</sup> (one from nursing instructor, if applicable)
- The application is judged on presentation.
- The application must be typed.
- Evidence confirming your enrollment and good standing in an NLN accredited nursing program.
- Submit a copy of official transcript and current grades.

**Typed essay (maximum three pages) covering the following areas:**

**I. Future Plans**

- a. What are your major career interests, professional goals, and what steps are you planning to achieve these goals?
- b. How can our organization support you with your goals other than financially?

**II. Employment History**

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

**III. Extracurricular Activities**

- a. 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*.

**IV. Past Awards and Honors**

- a. List any awards or special honors you have received.

**V. Comment on the Need**

- a. Describe any circumstances that have influenced you to apply for this scholarship and how you will use the money, if you receive the award

**VI. THE BLACK NURSES' ASSOCIATION GREATER PHOENIX AREA**

- a. What do you know about the BNAGPA?



**BLACK NURSES' ASSOCIATION-GREATER PHOENIX AREA**

**The Loreatha Williams Scholarship Application**

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

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

**Name of applicant:**

Name \_\_\_\_\_  
Last First Middle

Current mailing address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_  
Daytime Evening

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

\_\_\_\_\_ City State Zip

Expected date of graduation \_\_\_\_\_  
Month/Year

Type of Program (Check One) \_\_\_\_\_ Associated Degree \_\_\_\_\_ Baccalaureate Degree

Graduate Degree (specify) \_\_\_\_\_



**BLACK NURSES' ASSOCIATION-GREATER PHOENIX AREA**

**Post-Secondary Education:**

<b>College/University</b>	<b>Certificate/Degree</b>	<b>Year of Completed</b>

**Work Experiences: (Within Last 5 Years)**

<b>Organization</b>	<b>Position</b>	<b>Years of Service</b>

**Name of the two recommenders:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_



**BLACK NURSES' ASSOCIATION-GREATER PHOENIX AREA**

**The Loreatha 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

C. Adaptability

D. Resourcefulness

E. Character

Name/Title: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Please feel free to add additional information and email or mail to:

**Black Nurses Association Greater Phoenix Area,  
700 East Jefferson Street, Suite 402  
Phoenix, AZ 85034  
Email: [info@bnagpa.org](mailto:info@bnagpa.org)**