

**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING**  
**Instructions for Application for**  
**VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS**  
**URSULA JOHNSON BRACY SCHOLARSHIP**  
**To be awarded by**  
**THE HOME HEALTH CARE FOUNDATION**  
**for 2009-2010 Academic Year**

**Deadline for Application: March 1, 2009**

To be considered for this scholarship awarded by Home Health Care Foundation, you must 1) be an African-American baccalaureate student at Saint Louis University School of Nursing or at the University of Missouri - St. Louis College of Nursing; 2) be academically in good standing; 3) have demonstrated leadership characteristics as a student; 4) reside in the St. Louis greater metropolitan area (includes metro East Illinois); and 5) must demonstrate financial need by filing the FAFSA report with the Office of Financial Aid by March 1, 2009.

The Ursula Johnson Bracy Scholarship in the amount of \$2,500.00 was established by The Home Health Care Foundation in honor of Mrs. Ursula Johnson Bracy, RN, BSN, who was born on March 9, 1908. She graduated in 1932 from Kansas City General Hospital School of Nursing and received a baccalaureate degree in Public Health Nursing from Saint Louis University School of Nursing in 1951. She was employed by the Visiting Nurses Association (VNA) for nearly 40 years, serving in various capacities from August 28, 1934 until retirement on November 2, 1973. Mrs. Bracy was one of the first African-American nurses to be employed by the VNA. In 1975, she was appointed as an Honorary Board Member. She was a pioneer and leader in community health nursing throughout her professional career.

**To apply for the Home Health Care Foundation Scholarship:**

1. Submit the FAFSA report by March 1, 2009.
2. Fill out the attached scholarship application and submit with faculty recommendation already filled out (in a sealed envelope).
2. The University will complete the University Comments prior to submitting the Application.

**Attach this cover application to the application materials and submit by March 1, 2009 to:**

Warren Gibson  
College of Nursing at UM-St. Louis  
Nursing Administration Building  
1 University Boulevard  
St. Louis, Missouri 63121  
314-516-6066

*For additional information about UMSL and federal and state financial aid, please contact the College of Nursing at the University of Missouri-St. Louis Office at (314) 516-6066.*

**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING  
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS  
URSULA JOHNSON BRACY SCHOLARSHIP**

The Home Health Care Foundation offers the Ursula Bracy Scholarship to an African American baccalaureate student at Saint Louis University School of Nursing or the University of Missouri - St. Louis College of Nursing who is academically in good standing. Students who are currently on academic or professional probation are not eligible to apply for this scholarship. Applicants will be reviewed based upon financial need, leadership characteristics as a student, commitment to the nursing profession and community, and academic record. Applicants must reside in the St. Louis greater metropolitan area (includes metro East Illinois).

Applicant's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Local Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class Level: \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

List any scholarships or grants you have received since you have been at University of Missouri - St. Louis or for prior undergraduate education:

Name of scholarship or grant	Sponsor	Year Received	Amount Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any student loans you have obtained since you have been at University of Missouri - St. Louis or for prior undergraduate education:

Creditor	City, State	Year Received	Unpaid Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List employment for last two years beginning with most current:

Employer	Type of Work	Hours/week	Wage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**An award recipient of this scholarship agrees that such recipient would spend a half-day attending one of several Visiting Nurse Association information events at the VNA offices during the academic year.**

**ANSWERS TO THE FOLLOWING QUESTIONS MUST BE TYPED/PRINTED FROM A COMPUTER AND LIMITED TO 250 WORDS OR LESS FOR EACH RESPONSE.**

1. If you received this scholarship, how will it help you?
2. List your activities in the community at large. Include extracurricular activities in the basic nursing program, if applicable. Describe your participation in these activities.
3. Why are you pursuing a nursing education? What are your long-range career plans?
4. Please describe the role of home health care in the future of medicine and nursing, and how your career goals are consistent with this view.

**UNIVERSITY COMMENTS**  
**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING**  
**2009 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS**  
**URSULA BRACY SCHOLARSHIP**  
to be awarded by  
**THE HOME HEALTH CARE FOUNDATION**

Applicant: \_\_\_\_\_

CUMULATIVE GRADE POINT AVERAGE: \_\_\_\_\_  
(Basic nursing program)

University Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM  
 UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING  
 2009 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS  
 URSULA BRACY SCHOLARSHIP**

Applicant: \_\_\_\_\_

1. How well do you know the applicant?      ( ) Very Well   ( ) Fairly Well   ( ) Slightly

2. How long have you known the applicant? \_\_\_\_\_

3. In what capacity have you been associated with the applicant? \_\_\_\_\_

4. Please rate the applicant in the following areas:

	<b>Poor</b>	<b>Fair</b>	<b>Average</b>	<b>Good</b>	<b>Exceptional</b>	<b>Unsure</b>
Initiative	_____	_____	_____	_____	_____	_____
Self-Discipline	_____	_____	_____	_____	_____	_____
Leadership Ability	_____	_____	_____	_____	_____	_____
Interpersonal Skills	_____	_____	_____	_____	_____	_____
Ethical Conduct/Integrity	_____	_____	_____	_____	_____	_____
Adaptability	_____	_____	_____	_____	_____	_____
Quality of Work	_____	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____	_____	_____
Sense of Responsibility	_____	_____	_____	_____	_____	_____

5. Do you believe that this student will be an active contributing member of the nursing profession?

( ) Yes      ( ) No      ( ) Unsure

6. Recommendations:

- ( ) 1. Recommend highly and without reservation.
- ( ) 2. Recommend.
- ( ) 3. Recommend with some reservation.
- ( ) 4. Do not recommend.

7. Comments: (notable strengths and weaknesses or explanation of above answers; please use the following page if necessary.)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Type or Print)

FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION COMMENTS: