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 2019-2020 Academic Year

Deadline for Application: March 1, 2019

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 (during 2019-2020); 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, 2019.

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, 2019.
2. Fill out the attached scholarship application and submit with faculty recommendations already
   filled out (in a sealed envelope).
3. 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, 2019 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:

<table>
<thead>
<tr>
<th>Name of scholarship or grant</th>
<th>Sponsor</th>
<th>Year Received</th>
<th>Amount Received</th>
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List any student loans you have obtained since you have been at University of Missouri - St. Louis or for prior undergraduate education:

<table>
<thead>
<tr>
<th>Creditor</th>
<th>City, State</th>
<th>Year Received</th>
<th>Unpaid Balance</th>
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List employment for last two years beginning with most current:

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<tr>
<th>Employer</th>
<th>Type of Work</th>
<th>Hours/week</th>
<th>Wage</th>
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030240/MDOC/1516-001
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 nursing care in the future of medicine and nursing, and how your career goals are consistent with this view.
FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM
UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS
OURSULA 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:

<table>
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<tr>
<th>Initiative</th>
<th>Poor</th>
<th>Fair</th>
<th>Average</th>
<th>Good</th>
<th>Exceptional</th>
<th>Unsure</th>
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<tr>
<td>Self-Discipline</td>
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<td>Leadership Ability</td>
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<td>Interpersonal Skills</td>
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<td>Ethical Conduct/Integrity</td>
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<td>Adaptability</td>
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<td>Quality of Work</td>
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<td>Reliability</td>
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<td>Sense of Responsibility</td>
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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: (Please use this following page for additional comments, or attach a separate Letter of Recommendation.)

Date: ____________________________

Signature

Name (Type or Print)
FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION COMMENTS:
UNIVERSITY COMMENTS
UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING
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: _____________________________________________

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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