



The Bermuda Nurses Association

Making A Difference Every Day

Dear Applicant,

Please find enclosed your application for the Bermuda Nurses Association (BNA) Scholarship. Ensure that you return the completed application along with copies of all supporting requested documents.

The scholarship consists of –

- **\$1,500.00** (minimum) each for two (2) student nurses undertaking their **second year** or higher in a Nursing Programme at an accredited/approved college or university. This amount will be made in two payments.
- **\$1,000.00** for one (1) Registered Nurse undertaking advanced Nursing Degrees. **It is important to emphasize that you MUST be a current member of the BNA, for at least two (2) years.**

All monies will be paid directly to the Educational Institution specified on the application Form. Any other request for a different form of payment must be in writing and is at the discretion of the Scholarship Committee.

Requirements:

- Maintain a Grade Point Average (GPA) of 3.0 for the academic year for which the scholarship is granted.
- Transcripts must be submitted to the BNA at the end of the academic year. Failure to comply with the above criteria will require the applicant to return the full amount of the scholarship to BNA.
- Recipients of scholarship will be only permitted to apply once during their course of study.
- Extenuating circumstances for non-completion of course(s) will require documented evidence.

Completed applications should be returned no later than 5pm on Friday, 1st July 2022 by email or via Bermuda Scholarships website.

Electronic Submission:

BNA Executive Olivia Martins

Email: treasurer.bna@outlook.com

Sincerely,

Olivia Martins
Member-at-Large
Bermuda Nurses Association

THE IRIS ALMERIA DAVIS SCHOLARSHIP		
APPLICANT INFORMATION		
Full Name: surname first name middle initial		
Address:		
City:	ZIP Code:	DOB dd/mm/yyyy
Tel Home:	Tel Work:	Tel Cell:
Email address:		
Place of Employment:		Occupation:
Next of Kin Name (Relationship):		Tel:
Email:		
EDUCATIONAL DETAILS		
College/University:		Year(s) Completed:
Current GPA:	Date of Program Start: dd/mm/yyyy	
Expected Date of Graduation: dd/mm/yyyy		
Program/Certification of Study:		
Academic Achievements/Qualifications Earned (date):		
EXTRACURRICULAR ACTIVITIES/VOLUNTEER WORK		
Signature of applicant:		Date: dd/mm/yyyy
Bermuda Nurses Association, P.O. Box HM 1466, Hamilton HMFx WWW.BNA.BM		

Please answer the following questions by circling YES or NO

1. Have you been a recipient of The Iris Almeria Davis Bermuda Nurses Association Scholarship? YES NO

If **YES** please state Date Received: _____ Amount received: \$ _____

2. Is this the only grant or scholarship you have applied for? YES NO

3. Are you a member of the Bermuda Nurses Association? **(Nurse only)* YES NO

***IMPORTANT:** *You must be a current member of the BNA for at least 2 years*

BNA Membership Number: _____

Please submit your response to the following two questions in no more than **100 words per question.**

1. As a Nurse, I will make/have made a difference because?

2. What contributions has Iris Almeria Davis made to the profession in Bermuda?

CONTRACTUAL AGREEMENT

I _____ (Please print name) agree to return The Iris Almeria Davis Bermuda Nurses Association Scholarship in the amount of _____ should I not successfully maintain my GPA of 3.0 for the period for which the scholarship was granted. I understand that I must present supporting documentation if the reason for not completing the course was beyond my control.

Signature: _____ Date (dd/mm/yy): _____
(Applicant)

Witness _____ Date (dd/mm/yy): _____
(Please print name)

Treasurer's Signature: _____ Date (dd/mm/yy): _____

CHECKLIST

Please ensure that your application includes the following important five (5) items:

1. Letter of acceptance to the programme which is applicable to scholarship ☐
2. Name of the course of study ☐
3. Copies of your latest official transcript (Student only) ☐
4. One (1) letter of recommendation ☐
5. Bermuda Nurses Association Number (Nurse Only) ☐