

**UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING**  
**Instructions for Application for**  
**Visiting Nurse Association of Greater St. Louis**  
**URSULA JOHNSON BRACY SCHOLARSHIP**  
**for 2021-2022 Academic Year**  
**to be awarded by**  
**THE HOME HEALTH CARE FOUNDATION**

**Deadline for Application: March 1, 2021**

**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 2021-2022); 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, 2021.

The **Ursula Johnson Bracy Scholarship** in the amount of **\$5,000** 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 Ursula Johnson Bracy Scholarship, and also be considered for the general College of Nursing Scholarships:**

- 1. Submit the FAFSA report by March 1, 2021.**
- 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, 2021 to:**

Warren Gibson  
College of Nursing at UM-St. Louis  
Nursing Administration Building  
One 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  
2021-2022 SCHOLARSHIP APPLICATION  
VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS  
URSULA JOHNSON BRACY SCHOLARSHIP**

The Home Health Care Foundation offers the Ursula Johnson 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  |
|----------|--------------|------------|-------|
| _____    | _____        | _____      | _____ |
| _____    | _____        | _____      | _____ |
| _____    | _____        | _____      | _____ |
| _____    | _____        | _____      | _____ |
| _____    | _____        | _____      | _____ |

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

1. What do you see as the most important issues facing students entering the nursing field today?
2. What values do you believe are most critical to work effectively in nursing?
3. Discuss how you have been able to demonstrate/strengthen one of these values in your own life, or discuss a situation in which you were challenged to maintain or demonstrate that value in your own life.
4. How has your academic, work, and volunteer experience prepared you for your future as a nurse?

**FACULTY OR CLINICAL SUPERVISOR RECOMMENDATION FORM  
 UNIVERSITY OF MISSOURI - ST. LOUIS COLLEGE OF NURSING  
 2021-2022 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS  
 URSULA JOHNSON BRACY SCHOLARSHIP APPLICATION**

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:

|                           | Poor  | Fair  | Average | Good  | Exceptional | Unsure |
|---------------------------|-------|-------|---------|-------|-------------|--------|
| 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: (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**  
**2021-2022 VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS**  
**URSULA JOHNSON BRACY SCHOLARSHIP**  
to be awarded by  
**THE HOME HEALTH CARE FOUNDATION**

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

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

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