

WOMAN'S MISSIONARY UNION OF VIRGINIA

P. O. Box 8435, Richmond, VA 23226 2828 Emerywood Parkway, Richmond, VA 23294
Telephone: 804-915-5000 or -800-255-2428 Fax: 804-672-8008
Email: wmuva@wmuva.org Website: www.wmuva.org

VIOLET MANN BONHAM PARISH NURSE SCHOLARSHIP

Qualifications and Requirements

The Violet Mann Bonham Parish Nurse Scholarship was established in 2004 by a gift from the estate of Violet Mann Bonham. Violet Mann Bonham was a Christian and a Registered Nurse who wanted to provide scholarships to qualified persons to further their education in the Christian ministry.

Scholarships shall go to Virginia Baptist nurses to do mission work in the Parish Nurse program.

1. Applicants for the Violet Mann Bonham Parish Nurse (Bonham PN) Scholarship shall hold a current Virginia State nursing license in good standing. Applicants shall agree to provide nursing and Christian ministerial services within Virginia to persons in need of nursing and/or health/wellness care. Applicants shall apply to Woman's Missionary Union of Virginia (WMUV).
2. Scholarships will be available as funds permit to be used for educational expenses limited to the costs of instruction, text books, and materials. The scholarships will not provide for the costs of travel, meals, or lodging.
3. WMUV reserves all rights to approve or disapprove an applicant's scholarship application.
4. It is the applicant's responsibility to schedule an interview with the Executive Director/Treasurer, and/or Parish Nurse Consultant, Adult Missions Coordinator, or Parish Nurse Education Council Representative.
5. As a condition to receiving the scholarship, the applicant is required to write a 500 word story of how the scholarship impacted their life and send it to the WMUV.
6. The applicants must be approved by the Board of Trustees of WMUV.

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**VIOLET MANN BONHAM PARISH NURSE SCHOLARSHIP
APPLICATION**

Date _____

Name _____

Address _____

(City) (State) (Zip)

Social Security Number _____ Telephone Number _____

Member at: Church _____ Association _____

Church Activities _____

College/Nursing _____ Degree _____

School _____

(Name) (Address)

Member of Virginia Baptist Nursing Fellowship Yes No

Describe your educational/ministry plans and goals: _____

Anticipated Cost: _____

DESCRIPTION OF REQUEST: _____

(over)

References:

PASTOR _____ Church _____
Address _____ Telephone _____

(City) (State) (Zip)

**WMU/Church
DIRECTOR
MISSIONS
LEADER** _____ How long known? _____
Address _____ Telephone _____

(City) (State) (Zip)

Write a brief Christian testimony or mission statement of your life: _____

I agree that the scholarship will be used for the purposes stated in this Application. As a condition of receiving this scholarship I agree to write a story for the WMUV (500 words or more) of the impact this scholarship has made in my life.

Signed _____

It is the applicant's responsibility to schedule an interview with the Executive Director/Treasurer and or a representative(s) of Woman's Missionary Union of Virginia. Please call 1-800-255-2428 or 804-915-5000 to schedule an appointment.

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VIOLET MANN BONHAN PARISH NURSE Scholarship Reference Form

_____ has applied for a scholarship from WMU of Virginia to attend _____ Seminary.

In order that we may give her application thorough consideration, we would appreciate your answers to the following questions.

1. How long have you know her? _____ Years Relationship: _____

2. What are or have been her church activities? _____

3. What qualities of Christian leadership has she shown? _____

4. Are you encouraging her to prepare for career missionary service? _____

5. Discuss the qualifications which, in your opinion, will equip her for future missionary service. _____

6. Discuss any factors which might limit her success as a missionary. _____

_____ Signature

_____ Date

Return to: Scholarships, WMU of Virginia, P. O. Box 8435, Richmond, VA 23226