

# MISSOURI NURSES FOUNDATION SCHOLARSHIP AWARD



## **Purpose**

The purpose of the Scholarship Award is to assist qualified students to complete requirements for graduation from a state approved and nationally accredited school of nursing leading to a baccalaureate degree with a major in nursing.

## **Eligibility Criteria**

1. The applicant must be a full-time junior or senior student currently enrolled in a nursing major leading to Bachelor of Science in Nursing degree in a program located in the state of Missouri.
2. The applicant must be a Missouri resident.
3. An official transcript from the college or university must be submitted with the application that provides evidence of good academic standing and past or current enrollment in nursing courses required for the nursing degree.
4. The applicant must have a college/university cumulative grade point average of 3.00 or higher on a 4.00 scale.
5. A letter of reference from a nursing faculty member who knows the student from a didactic or clinical perspective is required. The letter should provide support for the applicant and describe why the applicant should receive a MNF scholarship.
6. The application must include a one-page personal statement written by the applicant that describes why the individual chose a career in nursing. Narratives longer than one-page are discouraged.
7. A two-page (maximum) resume including extracurricular activities, leadership roles, honors, and community service should be included in the application.

## **Application Procedure**

Application forms are available from the Missouri Nurses Foundation and the administrative office at the school of nursing. The form with the appropriate information is to be returned to the Missouri Nurses Foundation office by March 15, 2009.

## **Award**

The award of \$500 will be made to three qualified applicants. The award is a one time gift paid directly to the school to be credited to the student's account.

## **Evaluation**

A committee composed of three members will evaluate each application. The identities of the applicant will be deleted from the forms for a blind review of the materials. Codes will be assigned to the applications. A point-value system will be used to evaluate each candidate. The applicant with the highest total points will receive the award. In the event of a tie, the award winners will be chosen by lot.

## **Notification**

Recipients of these scholarships will receive official notification of their awards from the Missouri Nurses Foundation.

**Please mail all the above requested items and application by March 15, 2009 to:**

**Missouri Nurses Foundation  
Scholarship Award  
P.O. Box 105228  
Jefferson City, MO 65110-5228**

# MISSOURI NURSES FOUNDATION SCHOLARSHIP AWARD APPLICATION



Use this form to apply for the Missouri Nurses Foundation Award. All information is CONFIDENTIAL.

**PLEASE TYPE OR PRINT ALL INFORMATION. ALL QUESTIONS MUST BE ANSWERED.**

Have you been a recipient of a scholarship provided through the Missouri Nurses Foundation?  Yes  No  
When \_\_\_\_\_ / \_\_\_\_\_  
Month Year

## 1. PERSONAL DATA:

Name: \_\_\_\_\_  
(Last name) (First) (Middle) (Maiden)

Present address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Permanent address: \_\_\_\_\_  
(Where you may always be reached) (Number and Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Home phone: (\_\_\_\_) \_\_\_\_\_ Business phone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_\_

## 2. EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED:

You are required to submit an official transcript of good standing in a Missouri school of nursing baccalaureate program leading to a degree with a major in nursing. The School of Nursing must be accredited by the National League for Nursing Commission or the Commission on Collegiate Nursing Education. Applicants must have at least a 3.0 cumulative grade point average (4.0 scale).

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and Street) (City, State, and Zip Code)

What is the official name of the accrediting agency for your school? \_\_\_\_\_

Have you been accepted into the program for which funds are requested?  Yes  No

Specific degree you expect to receive: \_\_\_\_\_

Will you attend:  Part-time  Full-time

Date course or term is scheduled to begin: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Anticipated date of graduation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

3. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THIS APPLICATION WILL NOT BE CONSIDERED FOR REVIEW UNLESS IT IS SIGNED AND DATED. I ALSO UNDERSTAND THAT THE APPLICATION WILL NOT BE COMPLETED UNTIL ALL OF THE CRITERIA MATERIALS ARE RECEIVED. IT IS ALSO MY UNDERSTANDING THAT NO MATERIALS WILL BE RETURNED.

Signature \_\_\_\_\_

Date \_\_\_\_\_

All supporting documents must be included with your application. Please return by **March 15, 2009** to:  
Missouri Nurses Foundation • Scholarship Award • PO Box 105228 • Jefferson City, MO 65110