



Scholarships Recovery Research

MNF Nursing Scholarships

Thank you for your interest in a Michigan Nurses Foundation scholarship. The Foundation advances nursing and nursing education by awarding scholarships and research grants, and by providing financial aid for the treatment of recovering nurses. MNF is funded through private contributions and fundraising activities. A minimum of **four \$1,000** scholarships are awarded annually.

The following are the minimum eligibility criteria:

- must be a student currently enrolled in a Michigan College/School of Nursing that grants a baccalaureate or higher degree in nursing.
- must be in good academic standing with demonstrated progress toward degree completion.

Completed application and supporting documents must be POSTMARKED or received via email by **August 1**. Incomplete applications will not be reviewed.

Mail to: Scholarship Committee
Michigan Nurses Foundation
2310 Jolly Oak Road
Okemos, MI 48864
contact@minursesfoundation.org

Scholarship recipients will be notified the first week in September. Scholarships are awarded in October.

*MNF is supported by the Michigan Nurses Association
– the largest and most effective union and professional association for registered nurses*



Scholarships Recovery Research

2019 Scholarship Application

 Name (Last) (First) (Middle Initial)

 Permanent Address City, State, Zip

Phone _____ cell home Email _____

Michigan College/School of Nursing _____

Degree Program: LPN ADN BSN MSN PHD/DNP

Anticipated date of graduation _____

Academic GPA _____ Nursing GPA _____

Do you plan to live and work in Michigan? YES NO

Are you or anyone in your family a member of MNA*? YES NO

Are you a member of the Nursing Students Association* (MNSA)? YES NO

*(*not required to apply)*

Honors and Awards received in past five years (include dates): _____

Community Service provided in past five years (include name of organization, dates and approximate hours of service): _____

EMPLOYMENT RECORD (for last two years)

Company Name	Company Name
Address	Address
Phone ()	Phone ()
Job Title	Job Title
From: To: Primary Responsibilities:	From: To: Primary Responsibilities:

FINANCIAL DATA

Your personal income for last year _____

Your family income for last year _____

Your personal predicted income for the current academic year: _____

List the scholarships/grants awarded to date; and any other requests made for additional financial assistance for the current academic year.

Name of Scholarship	Amount Requested	Amount Granted to Date

Additional documents required:

- one-page personal vision of your future nursing practice. (Include your name and contact information at the top of the page.)
- transcript copy with nursing GPA circled
- letter of reference from a faculty member

Submit completed application and supporting documents by **August 1** to:

Scholarship Committee
Michigan Nurses Foundation
2310 Jolly Oak Road
Okemos, MI 48864
contact@minursesfoundation.org