



**Margaret Louise Miller Leipold, RN
Memorial Scholarship Application**

You must be in the second of an ADN program.

Name (Last) (First) (Middle Initial)

Permanent Address

City, State, Zip

Preferred Phone _____ Email _____

Michigan College/School of Nursing _____

Are you going in to a second year of an ADN program? YES NO

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

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

(Being a member of MNA is not required to apply)

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

Academic GPA _____ Nursing GPA _____ Member: NSA _____

Honors and Awards received within 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 this year and last year)

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

Cont'd on next page

Margaret Louise Miller Leipold, RN Memorial Scholarship Application cont'd.

FINANCIAL DATA

Your personal income for last year _____

Your family income for last _____

You 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

Please Complete:

A. PERSONAL VISION OF FUTURE NURSING PRACTICE:

(Please prepare on a separate sheet of paper with your name and contact information at the top of the page.)

E-mail completed application and letter of reference by July 31 to:

Scholarship Committee
Becky.baldwin@minurses.org



Michigan Nurses Foundation 2310 Jolly Oak Road Okemos, MI 48864 517/349-5640
www.michigannursesfoundation.org

