



Evelyn Grace Peraino Memorial Scholarship



The Evelyn Grace Foundation bequeathed funds to the Michigan Nurses Foundation Scholarship Fund in 2019.

Evelyn passed away at 3.5 months old in 2018. This scholarship is in honor of all the nurses that cared for her, the love and support consistently given to her and her family, and their genuine concern and passion for pediatric patient care.

Evelyn's legacy will live on by helping nurses currently working in a pediatric setting to further their education with an advanced degree. To assist in reaching this goal of continuing education, a \$2,000 scholarship will be awarded annually to *nurses currently employed in a pediatric setting looking to further their education at a college or university in the State of Michigan.*

The following are the minimum eligibility criteria:

- must be currently employed as a nurse in a pediatric setting
- must be a student currently enrolled in a Michigan College/School of Nursing that grants an associate or higher degree in nursing.
- must be in good academic standing with demonstrated progress toward degree completion.

Each candidate must submit a complete application with requested documents by the deadline in order to receive consideration. Incomplete applications will not be reviewed.

Applications must be **POSTMARKED** by **August 1** in order to be considered. Scholarships will be awarded in September.

*MNF is supported by the Michigan Nurses Association
– the largest, most effective union for Registered Nurses in Michigan.*



Scholarships Recovery Research

Evelyn Grace Peraino Memorial Scholarship Application

You must be currently employed as a nurse in a pediatric setting

Name (Last) (First) (Middle Initial)

Permanent Address City, State, Zip

Phone _____ cell home Email _____

Nursing school attended: _____ Graduation date _____

Degree _____ License # _____

Current nursing education:

Michigan College/School of Nursing _____

Degree Program ADN BSN MSN PHD/DNP Specialty/emphasis _____

Anticipated graduation date _____ 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)

Facility	Facility
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 pediatric 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

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

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