



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 date of graduation _____ GPA _____

Do you plan to continue working 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 the last tax year \$ _____
Your family income for the last tax 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.)
- copy of your current transcript
- letter of reference from a nursing faculty member

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

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