



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 \_\_\_\_\_

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:<br>Primary Responsibilities: | From: To:<br>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