

***\$1,000 Nurses Foundation Scholarship***  
**Student Information Form**

Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

**School of Nursing** in which student is enrolled \_\_\_\_\_

**Classification** in nursing program \_\_\_\_\_

**Activities:** (membership, committees, offices, special projects, etc.)  
*attach additional pages as needed*

**MASN Activities**

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**School Activities**

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**Community Activities**

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**Awards & Honors**

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**Please submit to:**  
Mississippi Nurses Foundation  
Scholarship Committee  
31 Woodgreen Place  
Madison, MS 39110  
601.898.0850  
foundation@msnurses.org

**DEADLINE for submission: October 1, 2010**  
*The complete application (student information form, essay, official transcript and three letters of support) must be postmarked or received in the Mississippi Nurses Foundation office by 5:00 pm on October 1, 2010.*