

Mississippi Nurses Foundation

RN Stipend

Student Information Form

Name _____

Please Print

Address _____

City, State, Zip _____

Day Phone _____ Email _____

Mississippi Nursing License number (if applicable) _____

Nursing Car Tag License Plate number _____

School of Nursing in which you are enrolled _____

Program of study _____

Anticipated date of graduation _____

Are you currently licensed as a nurse in Mississippi? ___ Yes ___ No

If so, do you work? ___ Yes ___ No Name of Employer? _____

Are you receiving additional funding? ___ No ___ Yes, from _____

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

Mississippi Nurses Foundation or Mississippi Nurses Association Activities

School Activities

Community Activities

Awards & Honors

Please submit to:

Mississippi Nurses Foundation
Stipend/Scholarship Committee
31 Woodgreen Place
Madison, MS 39110
601.898.0850
foundation@msnurses.org

DEADLINE for submission: June 14, 2010

The complete application (student information form, essay, official transcript and three letters of support) must be received in the Mississippi Nurses Foundation office by 5:00 pm on June 14, 2010.