APPLICATION INSTRUCTIONS

Scholarship recipients will be selected by the Massachusetts Nurses Foundation Scholarship Committee. Each committee member conducts an independent review of all applications. The Committee’s decision is final. All applicants will receive notification in August. Scholarship awards will be mailed to each recipient the last week of August 2015.

Applicants must supply the information requested on the application. It is in the applicant’s best interest to supply timely and detailed information. Any additional comments that support the application are strongly encouraged. Applicants must submit the completed application, typewritten on 8 ½ x 11” on white paper and clipped to the form. Incomplete applications will not be accepted and will be returned to the applicant.

SCHOLARSHIP DEADLINE

Complete applications must be postmarked no later than MAY 1, 2015. Submit complete application and all related documents in one mailing to: Jeannine Williams, President, Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. Any further questions can be left in the MNF voice mail at (781) 830-5745 or email to cmessia@mnarn.org.

SCHOLARSHIP ELIGIBILITY

Please review the eligibility requirements and the criteria for each scholarship. Applicants may be eligible for more than one scholarship one per applicant awarded per year. Applicants must be MNA members in good standing and who has demonstrated unconflicted loyalty to the interest of the MNA. If you have questions about your eligibility you can reach the MNA membership division at 781-821-4625.

SCHOLARSHIP APPLICATION REQUIREMENTS

MNA Member’s Child:
1. Applicant must be the child of a MNA member in good standing.
2. Applicant must be pursuing a degree as a Registered Nurse or *Health Care Professional.
3. Proof of enrollment – provide a letter of acceptance into a program.
4. Accreditation – the school MUST be approved by a professional accrediting body (i.e. NLN, AACN, ACOTE, CAPTE).
5. Provide 2 references - one from a faculty member, principal or guidance counselor; one from an adult acquaintance, e.g. music teacher, employer, neighbor, community leader, etc.
6. Submit a personal typewritten statement (double spaced, maximum 500 words) on a separate 8 ½” x 11” page which includes your career goals, philosophy of nursing (if pursuing a nursing degree), how education will enhance your goals and your contribution to the profession. Describe current activities and accomplishments (personal and/or professional).
7. Any unusual circumstances that support your application may be added to your statement.

*Health Care Professional specialty which is represented in the MNA collective bargaining units.
MNA Member Scholarship:

1. Must be a Registered Nurse or *Health Care Professional and an MNA member in good standing current in dues payment.
2. Proof of enrollment - provide a letter of acceptance into a program in nursing, healthcare or related field.
3. Accreditation – the school **MUST** be approved by a professional accrediting body (i.e. NLN, AACN, ACTOE, CAPTE).
4. Work experience - provide evidence of at least one year experience in nursing or healthcare. Specialties or areas of professional concentration should be stated and explained.
5. Professional References (three) – 1. Personal - must attest to competence in practice/education/research and attest to the applicants’ ability. 2. Professional - must attest to the applicant’s ability/commitment to advancing others (i.e. support and growth of other nurses, peers, etc. (all references must be typewritten.) 3. Bargaining Unit - must be from your local unit representative/committee member identifying your involvement in collective bargaining activities and attests to loyal unconflicted interest in the MNA.
6. Personal Statement - submit a typewritten statement (double spaced, maximum 500 words) on a separate 8 ½” x 11” page which includes your career goals, and how education will enhance your goals and your contribution to your profession.
7. Professional Development – Describe/discuss you participation in MNA/NNU activities and what that participation means to you. Participation may include community involvements, education, continuing education, research, publications, etc. and involvement in specialty organizations and your local bargaining unit.
8. Any unusual circumstances that support your application may be added to your statement.
SCHOLARSHIP CRITERIA

☐ MNA Member
Applicant must be a MNA member in good standing and must be pursuing a degree in nursing, healthcare or related field*.

☐ Rosemary Smith, RN - Memorial Scholarship
This scholarship is awarded to a RN or Health Care Professional who is an MNA member in good standing. The member has demonstrated unconflicted loyalty to the interest of the MNA. Applicants must be enrolled in a bachelor's or master's degree program in nursing, labor studies or public health policy.

☐ Labor Relations Scholarship
Applicant must be an MNA member in good standing who exhibits strong commitment to the Labor Relations Program by serving on local committees, supports the Labor Program, is a positive, professional role model, and demonstrates leadership skills. Applicants must be enrolled in a program in the field of labor relations.

☐ MNA Member's Child
Applicant must be a child of an MNA member in good standing. The applicant must be accepted and enrolled in a program pursuing a degree as a Registered Nurse or *Health Care Professional.

☐ Unit 7 Scholarship
Two $1,000 scholarships are being offered to a member of Unit 7 State Chapter of Health Care Professionals who is pursuing a degree in higher education. One will be awarded to a RN and one will be awarded to a HCP.

☐ Faulkner Hospital School of Nursing (FHSON) Alumnae Memorial Scholarship**
1. An entry level scholarship for students pursuing an Associate’s or Bachelor’s degree in nursing. Preference for this scholarship will be given to applicants who are lineal descendants of alumnae of FHSON; second preference will be given to all other entry level students.
2. The Connie Moore Award is for RNs pursuing a Bachelor’s or Master’s degree. First priority will be given to FHSON alumnae, then to lineal descendants, then to all other RNs.

☐ Worcester City Hospital Aid Society Inc. Scholarship
This $1,000 scholarship is funded by a sustaining scholarship established by the Worcester City Hospital Aid Society, Inc. This award annually funds the educational pursuits of an entry level nursing student from the Worcester Area.

*Health Care Professional specialty which is represented in the MNA collective bargaining units.

**This was established by the FHSON Alumnae in an endowment to the MNF to administer the scholarships. It is self-sustaining and is a restricted fund. Only income from the fund shall be used to fund the scholarships.
2015 SCHOLARSHIP APPLICATION
PLEASE TYPE OR PRINT CLEARLY

Applicant’s Full Name: ________________________________  Region: ______________

Employer: ________________________________  MNA Membership #: ____________

Home Address: ___________________________________________________________________

City: ________________________________  State: __________  Zip: ______________

Phone: ( ) ____________  Email: ________________________________

EDUCATIONAL BACKGROUND

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<tr>
<th>SCHOOL</th>
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DESCRIBE YOUR MNA INVOLVEMENT - Present or past MNA/NNU offices/association activities. (cabinet, council, committee, congress,) past 5 years only
If you are the child of an MNA member, please have your parent complete the section’s below.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PARENTS OF CHILDREN MUST PROVIDE THIS INFORMATION

Name: ________________________________  MNA Membership #: ____________

Phone: ________________  Email: ________________________________

Region: ________________  Place of Employment: ________________________________

Relationship to Applicant: ________________________________
SCHOOL ENROLLMENT (attach proof of enrollment/acceptance):

Name of School: ________________________________________________________________

Degree: ____________________________ Major area of concentration: __________________

Is the school approved by a national accrediting body (i.e. NLN, AACN, ACTOE, CAPTE)? __________

EMPLOYMENT RECORD
List in chronological order with present employment first:

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<tr>
<th>Date of Employment</th>
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USE THE CHECKLIST BELOW

☐ Have you included an official letter of acceptance/proof of enrollment in a degree program?
☐ Have you included your personal statement?
☐ Have you enclosed reference (one)?
☐ Have you enclosed reference (two)?
☐ Have you enclosed reference (three) from a local unit rep?
☐ If applying for the Faulkner Hospital School of Nursing Alumni Memorial Scholarship – Have you included the name and relationship of the lineal descendent of FHSON and if known, their last known address?

APPLICANT’S CERTIFICATION

I believe myself eligible for and hereby make application to receive the Massachusetts Nurses Foundation Scholarship. I verify that all statements made in this application are complete and accurate. I understand that:

☐ Falsification of my application will disqualify my application.
☐ Failure to complete all sections will render my application incomplete and ineligible.
☐ A selection committee appointed by the Massachusetts Nurses Foundation Board of Trustees will select the scholarship recipient. Its decision is final.

Signature: _______________________________ Date: _____________________________
2015 MNF SCHOLARSHIP REFERENCE FORM #1
(Personal)

PLEASE PRINT OR TYPE:

Candidate: __________________________________________________________

Address: _______________________________________________________________________

City: _____________________________ State: _____________ Zip: ____________________

Name of Person Writing Reference: _____________________________________________

Position: _____________________________________________________________________

Address: _____________________________________________________________________

City: _______________________________________ State: _____________ Zip: __________

How long have you known applicant? _________________

In what capacity? _______________________________________________________________________

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PLEASE ATTACH A TYPEWRITTEN NARRATIVE ON OFFICIAL LETTERHEAD DESCRIBING THE CANDIDATE IN LIGHT OF YOUR RATINGS.

___________________________________
Signature

2015 MNF SCHOLARSHIP REFERENCE FORM #2

(Professional)

PLEASE PRINT OR TYPE:

Candidate: ________________________________________________________________

Address: ______________________________________________________________________

City: ___________________ State: ___________ Zip: __________________

Name of Person Writing Reference: _____________________________________________

Position: ______________________________________________________________________

Address: ______________________________________________________________________

City: ___________________ State: ___________ Zip: _________

How long have you known applicant? __________________

In what capacity? ______________________________________________________________________

PLEASE ADDRESS THE FOLLOWING

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_____________________________________________________
Signature

2015 MNF SCHOLARSHIP REFERENCE FORM #3
(Bargaining Unit)

PLEASE PRINT OR TYPE:

Candidate: ____________________________________________________________

Address: ______________________________________________________________________

City: _____________________________ State: _____________ Zip: ________________

Name of Person Writing Reference: ________________________________________________

Position: _____________________________________________________________________

Address: ______________________________________________________________________

City: _____________________________ State: _____________ Zip: __________

How long have you known applicant? _________________

In what capacity? ___________________________________________________________________

What is your role and involvement with the MNA? _______________________________________

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__________________________________________________________
Signature