



340 Turnpike Street, Canton, MA 02021
781-830-5745

2010 SCHOLARSHIP APPLICATION

Scholarship recipients will be selected by the Massachusetts Nurses Foundation Scholarship Committee. Minorities are encouraged to apply. Scholarship monies will be presented to each recipient at the Awards Banquet at the Massachusetts Nurses Association convention in October.

APPLICATION

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 data and/or comments that support the application are strongly encouraged. Applicants must submit the completed application and additional information, typewritten on 8 1/2 x 11" paper, stapled to the form. Only complete applications (including transcripts, references, etc.) will be accepted.

DEADLINE

Complete applications must be **postmarked** no later than **June 1, 2010**. Return the completed application and all related documents in one mailing (including transcripts, references, etc.) to: Jeannine Williams, President, Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. (781) 830-5745.

► Incomplete materials will be returned to the applicant.

I. Please review eligibility requirements and criteria for each scholarship that you are applying for.

The scholarship(s) for which you are eligible.

_____ **Rosemary Smith, RN - Memorial Scholarship**

This scholarship was established through donations made in memory of Rosemary Smith, RN. Throughout her career, she was a MNA Board member and supporter of the Massachusetts Nurses Foundation. Rosemary was a tenacious fundraiser for the Foundation personally raising thousands of dollars to support the education of new entrants to the profession she loved.

This scholarship will be awarded to a RN or health care professional who is also an MNA member in good standing. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor studies or public health policy. First preference will be given to Unit 7 members. Second preference will be for all other MNA members. ***If the applicant is an MNA member in a collective bargaining unit an additional reference is required from your local unit representative/committee member attesting to distinguished service within your local unit.**

_____ **School Nurse Scholarship**

This scholarship was established to provide educational scholarships to school nurses who are seeking to advance their education within school health services. The applicant must be seeking an advanced degree and demonstrate a serious intent to advance school nursing practice. Applicant must be an MNA member in good standing. Applicants must be enrolled in an accredited program related to school health issues or related field.

_____ **Kate Maker Scholarship**

This scholarship was established to honor the memory of Kate Maker, RN, a great leader and powerful activist. Kate's primary focus as an activist was with the Massachusetts Nurses Association. Kate was a long-time member of the MNA Board of Directors, and she served two terms as the chairperson of her bargaining unit at UMass Memorial Health Care's University Campus in Worcester. The scholarship will be awarded to one (1) student (entry level) pursuing an Associates Degree or Bachelors Degree in nursing. Preference will be given to students living in or working in the Worcester area first, and then to other areas of MNA Regional Council 2.

_____ Janet Dunphy Scholarship Please review section II C for eligibility requirements.

Funded by a scholarship established by Regional Council 5, scholarships are given annually to an MNA member in good standing in Regional Council 5 and who is pursuing a B.S., M.S. or Doctoral degree. Second preference will be given to those seeking advanced degrees in Public Health Policy or Labor Relations at any level. ***If the applicant is an MNA member in a collective bargaining unit an additional reference is required from your local unit representative/committee member attesting to distinguished service within your local unit. Anyone who is known to have crossed a picket line cannot be considered.**

_____ Regional Council 5 Scholarship (Child of member in nursing program under the age of 25)

Please review section II A for eligibility requirements.

Funded by Regional Council 5, these scholarships will be awarded to a child of an MNA member in good standing from Regional Council 5 and enrolled in an NLN accredited program in nursing.

_____ Regional Council 5 Scholarship (Child of member – Higher Education under the age of 25)

Please review section II B for eligibility requirements.

Funded by Regional Council 5, these scholarships will be awarded to a child of an MNA member in good standing from Regional Council 5 and enrolled in an accredited program in any course of study.

_____ Regional Council 5 Scholarship (Spouse/Domestic Partner in Nursing Program – second preference will be given to those pursuing degree in Public Health Policy, Health Care Professional tract or Labor Relations) If practicing RN please review section II C for eligibility requirements.

Funded by Regional Council 5, scholarships will be awarded to a spouse/domestic partner of an MNA member in good standing from Regional Council 5 and who is accepted in an accredited nursing program. If applicant is a practicing RN he/she must be an MNA member. If in entry level program please see section II A.

_____ Regional Council 4 Scholarship Please review section II C for eligibility requirements.

Funded by Regional Council 4, scholarships are given to active Regional Council 4 MNA members to assist with his/her studies for a B.S., M.S. or doctoral degree in nursing.

_____ Regional Council 3 Scholarship Please review section II C for eligibility requirements.

Funded by a scholarship established by Regional Council 3, scholarships are given annually to an MNA member in good standing in Regional Council 3 and who is pursuing a B.S., M.S. or doctoral degree.

_____ Regional Council 3 Scholarship (Child of member in nursing program)

Please review section II A for eligibility requirements.

Funded by Regional Council 3, these scholarships will be awarded to a child of an MNA member in good standing from Regional Council 3 and enrolled in a BSN program.

_____ Regional Council 2 Scholarship Please review section II C for eligibility requirements.

Funded by Regional Council 2, scholarships will be awarded to an active Regional Council 2 member in good standing to assist with his/her studies in an accredited Bachelor's, Master's or Doctoral program in nursing.

_____ Regional Council 2 Scholarship (Child of member in nursing program)

Please review section II A for eligibility requirements.

Funded by Regional Council 2, these scholarships will be awarded to a child of an MNA member in good standing from Regional Council 2 and enrolled in a nursing education program..

Carol Vigeant Memorial Scholarship (Nursing Students)

Carol Vigeant was a RN at UMASS Memorial University for nearly 30 years. Carol had a great compassion and devotion to her patients and loved mentoring new nurses. This scholarship was established through memorial donations from her bargaining unit, family and funds through Region 2. This scholarship will be offered to one (1) student who lives in the Worcester area and is pursuing a nursing degree.

Regional Council 1 Scholarship - Please review section II A for eligibility requirements.

Funded by Regional Council 1, this scholarship is offered to a child of a Regional Council 1 member, or a student sponsored by a Regional Council 1 member in good standing pursuing a degree in nursing.

Labor Relations Scholarship - Please review section II C for eligibility requirements.

Two \$1,000 scholarships are funded annually by a grant established by the MNA Division of Labor. The scholarships are for an RN or health care professional who is also an MNA member in good standing. Applicants must also be enrolled in a bachelor's or master's degree program in nursing, labor relations or related field. Additional reference is required from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

Unit 7 Scholarship - Please review section II C for eligibility requirements.

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 Registered Nurse and one will be awarded to a Health Care Professional.

Faulkner Hospital School of Nursing Alumnae Memorial Scholarship

Funded by a sustaining scholarship established by the Faulkner Hospital School of Nursing Alumnae Association, these awards are given annually as follows: 1. An entry level scholarship for students pursuing and AD or BS degree. Preference for this scholarship will be given to applicants who are lineal descendants of alumnae of FHSON; second preference will be given to all others. 2. The Connie Moore Award is for RN's pursuing a BSN or MSN degree. First priority will be given to FHSON alumnae, then to lineal descendants, then to all other RN's.

II. SCHOLARSHIP ELIGIBILITY/CRITERIA

A. Entry Level - Student Pursuing Nursing Degree:

1. If applicable to the scholarship the applicant must be the child of an active MNA member in good standing and current with all dues.
2. Proof of enrollment – provide a letter of acceptance into a nursing education program approved by a national professional nurses accrediting body which is recognized by the Massachusetts Board of Registration in Nursing.
3. Provide 2 references - one from a teacher, principal or guidance counselor; one from an adult acquaintance, e.g. piano teacher, employer, neighbor, community leader.
4. Submit a personal typewritten statement (maximum 500 words) which includes your career goals, philosophy of nursing, how education will enhance your goals and your contribution to the profession.
5. Describe current activities and accomplishments (personal or professional) and any unusual circumstances that support your application.

B. Entry Level - Non-Nursing (This pertains to Region 5 only):

1. Applicant must be the child of an active region 5 MNA member in good standing and current with all dues.
2. Proof of enrollment – provide a letter of acceptance into an accredited degree program.
3. Provide 2 references - one from a teacher, principal or guidance counselor; one from an adult acquaintance, e.g. piano teacher, employer, neighbor, community leader.
4. Submit a personal typewritten statement (maximum 500 words) which includes your career goals, accomplishments, school activities, employment, etc. Any unusual circumstances that support your application may be added.

C. RN Pursuing Advanced Degree (see specific scholarship for additional requirements)

1. Must be a Registered Nurse or Health Care Professional and an MNA member in good standing and current in all dues.
2. Proof of enrollment - provide a letter of acceptance into an NLN accredited program in nursing, labor relations or related field.
3. Work experience - provide evidence of at least one year experience in field of expertise. Specialties or areas of professional concentration should be stated and explained.
4. Professional References (two) - One must attest to competence in practice/education/research and attest to the applicants' ability. One must attest to the applicant's ability/commitment to advancing others in nursing as well as the profession of nursing (i.e. support and growth of other nurses, peers, etc. (all must be typewritten.)
5. Personal typewritten statement (maximum 500 words) which includes your career goals, philosophy of nursing, how education will enhance your goals and your contribution to the profession. Any unusual circumstances that support your application may be added to your statement.
6. If applicable to your scholarship you will be required to attach an additional reference from your local unit representative identifying your involvement in labor relation/collective bargaining activities.

PERSONAL STATEMENT: Describe each of the following on a separate 8 1/2 x 11" paper:

Personal Statement (Nursing Students): Submit a typewritten statement (maximum 500 words) which includes your career goals, philosophy of nursing, how education will enhance your goals and your contribution to the profession. Any unusual circumstances that support your application may be added.

Personal Statement (Other Applicants): Submit a personal typewritten statement (maximum 500 words) which includes your career goals, accomplishments, school activities, summer jobs, etc. Any unusual circumstances that support your application may be added.

Professional Development (RN pursuing advanced degree) - submit a typewritten statement showing evidence of professional development (education, continuing education, research, publications, etc.) and involvement in professional organizations such as MNA (e.g. Unit Chair, Negotiating Committee, Grievance Committee).

Community Involvements: Describe any activities/interests in which you have been involved.

For Business Use Only				
JD/BSN	JD/MSN	JD/PHD	5Ch/NUR	5Ch/NON
4	3M/BSN	3M/MSN/PHD	3Ch/BSN	2Ch/NUR
2M/NUR	RC1	U7/HCP	U7/RN	School
FAU E CM	LR	RS	KM	CV

III. 2010 SCHOLARSHIP APPLICATION FORM

PLEASE TYPE OR PRINT CLEARLY

Applicant's Full Name: _____

MNA Membership #: _____ Region _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Business Phone: () _____

Name of MNA Member (if other than applicant): _____
MNA Membership #: _____ Region _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

EDUCATIONAL BACKGROUND

High School Education

School: _____ Date of Graduation: _____

Associate's Degree (if applicable): School: _____

Date of Graduation: _____ GPA: _____ (using 4.0 scale)

Baccalaureate Degree (if applicable): School: _____

Date of Graduation: _____ GPA: _____ (using 4.0 scale)

Master's Degree (if applicable): School: _____

Date of Graduation: _____ GPA: _____ (using 4.0 scale)

SCHOOL ENROLLMENT:

Name of School: _____

Degree: _____ Major area of concentration: _____

If accepted/enrolled in a nursing program, is the school approved by a national accrediting body which is recognized by the Massachusetts Board of Registration in Nursing? _____

► **Attach an official letter of acceptance/proof of enrollment.**

Transcripts: Copies of transcripts are optional.

EMPLOYMENT RECORD

List in chronological order with present employment first:

Date of Employment	Place of Employment	Position	PT	FT

Optional: Minority Applicant ___ Yes ___ No If yes, specify _____

PROFESSIONAL REFERENCES

► Check references enclosed.

_____ Reference #1 enclosed.

_____ Reference #2 enclosed.

_____ Other Reference (if required – please see criteria for specific scholarship)

_____ If you are a Faulkner Applicant please attach additional information that is required.

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.
- A selection committee appointed by the Massachusetts Nurses Foundation Board of Trustees will select the scholarship recipient. Its decision is final.

► Incomplete applications will not be considered and will be returned.

Signature: _____ Date: _____

**MNF SCHOLARSHIP
REFERENCE FORM #1**

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 ON A SCALE OF 1-3 (3 BEING THE BEST RATING)

	1	2	3
ATTITUDE (Professional Outlook)			
CHARACTER (Honesty, Integrity)			
PROFESSIONALISM			
LEADERSHIP/MANAGEMENT (Self Direction)			

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

Signature

NOTE: YOU MUST SEND THIS REFERENCE IN A SEALED ENVELOPE BACK TO THE CANDIDATE AS SOON AS POSSIBLE. THE APPLICANT'S DEADLINE FOR SUBMISSION OF THE COMPLETED APPLICATION IS POSTMARKED BY JUNE 1, 2010.

**MNF SCHOLARSHIP
REFERENCE FORM #2**

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 ON A SCALE OF 1-3 (3 BEING THE BEST RATING)

	1	2	3
ATTITUDE (Professional Outlook)			
CHARACTER (Honesty, Integrity)			
PROFESSIONALISM			
LEADERSHIP/MANAGEMENT (Self Direction)			

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

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