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Massachusetts Nurses Foundation
340 Turnpike Street, Canton, MA 02021
781-830-5745

2015 Scholarship Application

Deadline May 1, 2015

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.



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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 1/2" 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.



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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.



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MEMBER	LR	RS	U7/HCP	U7/RN	FAULK CM	FAULK E	CHILD	WCH

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

SCHOOL	DEGREE	YEAR

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: _____



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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:

Date of Employment	Place of Employment	Position	PT	FT

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: _____



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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? _____

PLEASE ADDRESS THE FOLLOWING

	Fair	Good	Excellent
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 MAY 1, 2015.



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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

	Fair	Good	Excellent
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 MAY 1, 2015.



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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? _____

PLEASE ADDRESS THE FOLLOWING

	Fair	Good	Excellent
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 MAY 1, 2015.