Deadline June 1, 2023

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.

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.

Proof of enrollment and/or acceptance into a program is required!

SCHOLARSHIP DEADLINE

Complete applications must be postmarked no later than June 1, 2023. Submit complete application and all related documents in one mailing to: MNF Scholarship Committee, Massachusetts Nurses Foundation, 340 Turnpike Street, Canton, MA 02021. Any further questions call Cindy Messia at (781)830-5720 or email cmessia@mnarn.org.

SCHOLARSHIP ELIGIBILITY

Please review the eligibility requirements (page 2) and the criteria for each scholarship (page 3). Applicants may be eligible for more than one scholarship. 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 call the MNA membership division at 781-821-4625.

PROCESS

All applicants will receive written notification in August and Scholarship awards will be mailed to each recipient by the end of August.
SCHOLARSHIP APPLICATION REQUIREMENTS

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. Applicant must be enrolled in either/or the upcoming fall/winter semester. REQUIRED!
3. Accreditation – the school should be approved by a professional accrediting body.
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 local collective bargaining activities and attests to loyal unconflicted interest in the MNA. Additional consideration will be given to those applicants that demonstrate solidarity and support of their bargaining unit and/or participation in the MNA. Documented evidence of MNA activities should be included.
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. Tell us why you should be a recipient of this scholarship. Tell us what you have accomplished. Professional Development – Describe/discuss your participation in MNA activities within your local bargaining unit and what that participation means to you. Additional items to accompany the application to support eligibility and desirability may include documented evidence of MNA activities, community involvements, education, continuing education, research, publications, etc. .
7. Any unusual circumstances that support your application may be added to your statement.

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. If applicant is a licensed RN, she/he must be an MNA member in good standing.
3. Proof of enrollment – provide a letter of acceptance into a program. REQUIRED!
4. Accreditation – the school should be approved by a professional accrediting body.
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). Describe how your parent’s activism in the MNA contributed to your career path. Please tell us why you should be a recipient of this scholarship.
7. Provide a statement from the parent – see page 6 of this application.
8. 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.
(Microbiologist, Dietitian, Social Worker, Pharmacist, Speech Therapist, Physical Therapist, Occupational Therapist)
SCHOLARSHIPS AVAILABLE

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

☐ 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. If applicant is a licensed RN or healthcare professional, he/she must also be a MNA member in good standing.

☐ Labor Leader 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.

☐ Unit 7 Scholarship (Funded through the Unit 7 State Chapter of HCP)
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. Reference #3 in the packet MUST be completed by a Unit 7 Executive Board member, check with your local chairperson for that information.

The following scholarships are not funded by the MNF, they were received through an endowment to the MNF and are self-sustaining and restricted.

☐ 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. Priority will be given to FHSON alumnae, then to lineal descendants, then to all other RNs.

☐ Worcester City Hospital Aid Society Inc. Scholarship
This 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. If no Worcester applicants, then second preference to all other entry level nursing students.

*Health Care Professional specialty which is represented in the MNA collective bargaining units.
(Microbiologist, Dietitian, Social Worker, Pharmacist, Speech Therapist, Physical Therapist, Occupational Therapist)

**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.
**2023 SCHOLARSHIP APPLICATION**

**PLEASE TYPE OR PRINT CLEARLY**

Applicant’s Full Name: _______________________________  Member Region: _________

Place of Employment: ____________________________  MNA Membership #: ______________

Home Address: ________________________________________________________________

City: ____________________________  State: ___________  Zip: __________________________

Phone: ( ) ____________________________  Email: ________________________________

**SCHOOL ENROLLMENT** (attach proof of enrollment/acceptance):

Name of School: ________________________________________________________________

Degree: ____________________________  Major area of concentration: ________________

Is the school approved by a national accrediting body? ________________________

**EDUCATIONAL BACKGROUND**

<table>
<thead>
<tr>
<th>SCHOOL</th>
<th>DEGREE</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYMENT RECORD**

<table>
<thead>
<tr>
<th>DATE OF EMPLOYMENT</th>
<th>PLACE OF EMPLOYMENT</th>
<th>POSITION</th>
<th>PT</th>
<th>FT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
USE THE CHECKLIST BELOW (incomplete applications will be ineligible)

☐ 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 chairperson or unit 7 executive board member?

☐ 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: ___________________________
PARENTS (MNA MEMBER) OF CHILDREN MUST PROVIDE THE FOLLOWING INFORMATION

Name: ________________________________ MNA Membership #: ________________

Phone: ________________ Email: ________________________________

Place of Employment: ________________________________

Describe your participation in your local MNA bargaining unit and what that participation means to you. Participation may include community involvements, education, research, publications, etc. Additional consideration will be given to those that demonstrate solidarity and support of their bargaining unit and/or participation in the MNA. Documented evidence of MNA activities should be included.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
2023 MNF SCHOLARSHIP REFERENCE FORM #1

(Please)

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

<table>
<thead>
<tr>
<th></th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTITUDE (Professional Outlook)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARACTER (Honesty, Integrity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP/ MANAGEMENT (Self Direction)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please attach a typewritten narrative 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 June 1, 2023.
2023 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

<table>
<thead>
<tr>
<th></th>
<th>Fair</th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTITUDE (Professional Outlook)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHARACTER (Honesty, Integrity)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP/MANAGEMENT (Self Direction)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

____________________________________________________________
Signature

2023 MNF SCHOLARSHIP REFERENCE FORM #3

This reference is required for MNA Member scholarships (not required of children applicants) and must be completed by your Local Bargaining Unit Committee Person. Additional consideration will be given to those that demonstrate solidarity and support of their bargaining unit and/or participation in the MNA. Documented evidence of MNA activities should be included.

Unit 7 applicants must have this completed by a Unit 7 Executive Board Member

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 ATTACH A TYPEWRITTEN NARRATIVE DESCRIBING THE CANDIDATE AND ADDRESS THE FOLLOWING:

1. Does this candidate demonstrate support and solidarity of the MNA and local bargaining unit?
2. Is this candidate a participant in local unit activities and collective bargaining? Please list examples.
3. Why do you think this candidate should be a recipient of the MNF scholarship?

_____________________________
Signature