




**Deadline June 1, 2024**

## **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, 2024**. 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](mailto: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 or grandchild 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 or grandchild 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 the 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 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.



**DO NOT STAPLE ANY SUBMITTED DOCUMENTS -- PLEASE PAPER CLIP AND RETURN PAGES 3-9**

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MEMBER	LP	U7/HCP	U7/RN	FAULK CM	FAULK E	CHILD	WCH

**2024 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**

SCHOOL	DEGREE	YEAR

**EMPLOYMENT RECORD**

DATE OF EMPLOYMENT	PLACE OF EMPLOYMENT	POSITION	PT	FT

**OUTSIDE ACTIVITIES/COMMUNITY INVOLVMENT**

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**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 an 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: \_\_\_\_\_



Name: \_\_\_\_\_ MNA Membership #: \_\_\_\_\_

Place of Employment:\_\_\_\_\_

Describe your participation in your local MNA bargaining unit and what that participation means to you. Participation should include outside activities, 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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



## 2024 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 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, 2024.**



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## 2024 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 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, 2024.**





## 2024 MNF SCHOLARSHIP REFERENCE FORM #3

This reference is required for MNA Member scholarships (not required of children applicants) and must be completed by a 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

**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, 2024.**