



Michigan Nurses Foundation
2009 Scholarship Application

Name (Last) (First) (Middle Initial)

Home Address

City, State, Zip

Preferred Phone _____ Email _____

Michigan College/School of Nursing _____

Degree Program: LPN____ ADN____ BSN____ MSN____ PHD____

Academic GPA____ Nursing GPA____ Member: NSA ____ MNA____

Honors and Awards received within past five years (include dates):

Community Service provided in past five years (include name of organization, dates and approximate hours of service): _____

EMPLOYMENT RECORD (for this year and previous two years list all employers)
If additional space is needed, please attach a separate sheet

Company Name	Company Name	Company Name
Address/Phone	Address/Phone	Address/Phone
Job Title	Job Title	Job Title
From: To: Primary Responsibilities:	From: To: Primary Responsibilities:	From: To: Primary Responsibilities:

FINANCIAL DATA

Your personal income for January-December, 2008 _____

Your family income for January-December, 2008: _____

You personal predicted income for the 2009-2010 academic year: _____

Specify the % of your expenses for the 2009-2010 academic year that will be paid by:

Personal Work: _____ Family Support: _____ Scholarships/Grants: _____

Other (explain): _____

List the scholarships/grants awarded to date; and any other requests made for additional financial assistance for the 2009-2010 academic year.

Name of Scholarship	Amount Requested	Amount Granted to Date

Estimate of your education costs per semester/quarter:

Tuition: \$ _____ Books: \$ _____ Room and Board: \$ _____

PERSONAL VISION OF FUTURE NURSING PRACTICE:

DESCRIPTION OF HOW THE SCHOLARSHIP MONIES WILL BE USED IF AWARDED:

**Return completed applications and letter of reference by
July 15 to:**



Scholarship Committee
Michigan Nurses Foundation
2310 Jolly Oak Road
Okemos, MI 48864

Michigan Nurses Foundation 2310 Jolly Oak Road Okemos, MI 48864 517/349-5640 x 213
www.michigannursesfoundation.org