

## MISSOURI LEAGUE FOR NURSING SCHOLARSHIPS

### General Rules & Regulations for All Scholarships:

1. All fields must be completed or your application will not be considered.
2. Award(s) shall be made annually to a student(s) attending a nursing education program that is located in Missouri, is approved by the Missouri State Board of Nursing or has current national accreditation, and attends a school that has MLN Organization Membership or NLN membership. Qualifying nursing schools may submit two applicants per school. If more than two submissions are received, the school will be eliminated entirely.
3. Amounts to be awarded shall be announced by the Missouri League for Nursing (MLN) annually. The number of awardees will depend upon available funds. No one scholarship to be awarded shall exceed \$2,000. The accounting of the fund will be included in the financial statement of the Missouri League for Nursing annually at the close of the financial year.
4. The Awards and Scholarship Committee of the MLN shall select all recipients and/or alternates [in the event the original winner(s) withdraws from school] from the qualified candidates submitted by approved nursing schools.
5. The award shall be presented to the winner at the MLN's 66<sup>th</sup> Annual Convention, Tan-Tar-A Resort, Osage Beach, MO, April 9 -11, 2019, and shall be used for educational expenses such as tuition, books, supplies, or room and board. (If the scholarship monies are used for any other reason, the school shall provide the recipient a 1099 for the amount of the award.) **Students must be present to receive their scholarship. The check will be made to the school of choice and presented to the student. Students may forfeit their scholarship if they are not present at the awards luncheon at the discretion of the Scholarship Committee.** Consideration will then be given to the alternate to receive the scholarship. Arrangements may then be made for the alternate to attend a designated MLN function to receive the scholarship. If unable to attend, money will be forfeited and all monies will go back to the scholarship fund.
6. If the student does not complete the semester in which the scholarship is made, the total amount of the award shall be returned to the Missouri League for Nursing within 60 days of termination of school.
7. **Qualifications for candidacy for the Missouri League for Nursing Scholarship Awards:**
  - a) Validation of enrollment by the Dean/Director of a nursing education program located in Missouri, approved by the Missouri State Board of Nursing or has current national accreditation.
  - b) Candidate must attend a school that has MLN Organization Membership or NLN Membership.
  - c) Specific Rules and Amount of Scholarships: Scholarships are available to LPN students who have completed half of their program, RN students above the freshman level in associate degree/diploma programs, RN students above the sophomore level in a baccalaureate program, MSN candidates who have completed at least 15 hours of the courses required for the advanced degree and have active license in Missouri, or a doctoral candidate.
  - d) Recommendations from program Dean/Director of student need, interest, and academic standing. Justification from student of financial need.
  - e) Submission of an original, fully completed Missouri League for Nursing Scholarship application including the typed statement.
  - f) One year residency in the State of Missouri and U.S. citizenship.

**Scholarship Application Form**  
**2018-2019**



Must be typed and postmarked by December 1, 2018

*All fields must be completed or your application will not be accepted.*

**PERSONAL DATA:** *To be Completed by Student*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Soc. Sec. No (last 4 digits): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (**not** school): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Missouri Resident:  YES  NO Number of Years: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address During School Year: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer (if working): \_\_\_\_\_ Phone: \_\_\_\_\_

School of Nursing's Name: \_\_\_\_\_

No. of Hours in Nursing program completed: \_\_\_\_\_ GPA: \_\_\_\_\_ No. of Hours Enrolled: \_\_\_\_\_

Proposed Graduation Date (month/year): \_\_\_\_\_

Names and addresses of a relative/individual who will know your permanent address for the next five years.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**EDUCATION PREPARATION:**

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Diploma: \_\_\_\_\_

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Diploma: \_\_\_\_\_

Name of School: \_\_\_\_\_ City/State: \_\_\_\_\_

Date Attended: \_\_\_\_\_ Diploma: \_\_\_\_\_

**FINANCIAL DATA:**

Marital Status:  Never Married  Married  Divorced  Separated  Widow(er)

Sources of Annual Income and Amounts Received (complete all that apply):

Total Annual Household Income (Adjusted IRS Amount for 2017):

(Form 1040, Line 37, Form 1040A, Line 21; or Form 1040EZ, Line 4): \_\_\_\_\_

Child Support: \_\_\_\_\_

Scholarships: \_\_\_\_\_ Source(s): \_\_\_\_\_

Pell Grants: \_\_\_\_\_ Date Issued: \_\_\_\_\_ If none, are you eligible?  Yes  No

Have you applied for a Pell Grant?  Yes  No

If no, give reason. \_\_\_\_\_

Other Grants: \_\_\_\_\_ Source(s): \_\_\_\_\_

Student Loans \_\_\_\_\_ Source(s): \_\_\_\_\_

Other Income or Support: \_\_\_\_\_ Source(s): \_\_\_\_\_

Fee for Program per Semester: \_\_\_\_\_ Parent's Contribution to Education: \_\_\_\_\_

Are you in default with any student loan?  Yes  No

Number of Hours Working per Week: \_\_\_\_\_

*In your own words, attach a one-page typed statement using a 12 pt font that includes the following:*

- A. Reason(s) for choosing nursing as a career.
- B. Circumstances relating to your application for assistance.
- C. Future plans relating to your nursing career.

I do hereby assign and transfer to the Missouri League for Nursing, its successors and assigns, the right to reproduce and to broadcast with or without my name (either alone or in conjunction with other materials) by print, electronic media, or internet, photos of me as prepared in connection with this project without limitation as to change, place, duration, frequency, or territory.

I hereby waive any right to examine and approve the finished photographs and agree that there shall be no liability on the part of the Missouri League for Nursing, by virtue of any optical effect or use in composite form that may occur or be produced in development of said photographs without prior knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize the school to release to the MLN any information related to my financial/educational records and authorize MLN to release this information to those persons involved in the selection of the scholarship recipients.

The attached Authorization for Release of Information must be signed and retained by your Dean.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

(To be retained by your Dean)

I, \_\_\_\_\_, authorize the Missouri League for Nursing to obtain any information related to my financial/educational records and release this information to those persons involved in the selection of the scholarship recipients.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# SCHOLARSHIP SUBMISSION FORM – 2018-2019



**APPLICANTS NAME:** \_\_\_\_\_

**ACADEMIC QUALIFICATIONS:** Cumulative GPA: \_\_\_\_\_

MLN Organization Member

Type of Nursing Program:  PN  ADN  BSN  Diploma  MSN Academic Year Level: \_\_\_\_\_

If applicable:  PN License # \_\_\_\_\_  RN License # \_\_\_\_\_

**Statement from Dean/Director of the School of Nursing regarding the applicant. Please include your evaluation of the applicant and the need for financial assistance.**

Name of School of Nursing: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: Missouri Zip: \_\_\_\_\_

Dean/Director's Name: \_\_\_\_\_ Dean's Email: \_\_\_\_\_

Nursing Program Accredited/Approved by: \_\_\_\_\_

Member of MLN and/or NLN: \_\_\_\_\_ School Federal Identification No.: \_\_\_\_\_

**NOTE: Only two applicants per school.**

**Dean/Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_