

**Mississippi Nurses Foundation**  
***\$1,000 School of Nursing Scholarship***  
**Student Information Form**

Name \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

School of Nursing in which you are enrolled \_\_\_\_\_

Program of study \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Current GPA \_\_\_\_\_

SSN \_\_\_\_\_

Are you a member of a pre-professional organization? Yes \_\_\_ No \_\_\_

If yes, please list \_\_\_\_\_

Activities: (membership, committees, offices, special projects, etc.) *attach additional pages as needed*

**Leadership Activities:**

\_\_\_\_\_

**School Activities:**

\_\_\_\_\_

**Community Activities:**

\_\_\_\_\_

**Awards & Honors:**

\_\_\_\_\_

**Please submit to:**  
The School of Nursing

**Deadline: March 16, 2018**