

**Mississippi Nurses Foundation**

***RN Stipend***

**Student Information Form**

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

Address \_\_\_\_\_

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

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

Mississippi Nursing License number (if applicable) \_\_\_\_\_

Nursing Car Tag License Plate number \_\_\_\_\_

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

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

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

Are you currently licensed as a nurse in Mississippi? \_\_\_ Yes \_\_\_ No

If so, do you work? \_\_\_ Yes \_\_\_ No Name of Employer? \_\_\_\_\_

Are you receiving additional funding? \_\_\_ No \_\_\_ Yes, from \_\_\_\_\_

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

**Mississippi Nurses Foundation or Mississippi Nurses Association Activities**

\_\_\_\_\_

**School Activities**

\_\_\_\_\_

**Community Activities**

\_\_\_\_\_

**Awards & Honors**

\_\_\_\_\_

**Please submit to:**

Mississippi Nurses Foundation  
Stipend/Scholarship Committee  
31 Woodgreen Place  
Madison, MS 39110  
601.898.0850  
foundation@msnurses.org

**DEADLINE for submission: June 16, 2017**

*The complete application (student information form, verification letter, essay, official transcript and three letters of support) must be **received** in the Mississippi Nurses Foundation office by 5:00 pm on **June 16, 2017**.*