Mississippi Nurses Foundation and The Gulf Coast Community Foundation
Announces
Eileen S. and Earl C. Whittemore Fund
Advance Practiced/Nurse Practitioner Scholarship

I. Scholarship Criteria
   • MNA member
   • Hold current, unrestricted Mississippi RN license
   • Submit a letter from school verifying acceptance or enrollment in an accredited nurse practitioner program
   • Hold a GPA of 3.0 or higher in nursing curriculum
   • Provide official transcript from last completed college semester
   • Submit two professional letters of reference
   • Write an essay up to 500 words explaining who or what inspired you to become a nurse practitioner and how this scholarship will assist you in meeting educational goals.
   • Must be a resident of Hancock, Harrison, Jackson, Pearl River, Stone or George County

II. Scholarship Amount: $2,500 to be paid directly to an accredited academic institution on behalf of a student. Payments shall be made in two equal disbursements for the Fall and Spring semesters for the 2018-2019 academic year, as long as the recipient maintains eligibility.

III. Application Process: The application and awards process will be administered by MNF and shall include:
   • Call for applications opens
   • Application review and award
   • Student Information form
   • Submit copy of current MS nursing license
   • Official transcript showing last completed semester
   • Two letters of reference
   • 500 word essay

IV. Award Process
   • Awarded for the 2018-2019 academic year by the Mississippi Nurses Foundation, on behalf of the Eileen S. and Earl C. Whittemore, Jr Fund, a Fund of the Gulf Coast Community Foundation.
   • Must receive a copy of transcript before the second award.
Mississippi Nurses Foundation and The Gulf Coast Community Foundation
Eileen S. and Earl C. Whittemore Advanced Practice/Nurse Practitioner Scholarship
Student Information Form

Name _______________________________________________________________________
Please Print

Address ______________________________________________________________________

City_________________ State______________ Zip __________________________________

Home Phone______________Cell Phone______________Email__________________________

School of Nursing in which you are enrolled ________________________________________

School of Nursing Address_______________________________________________________

Program of study ______________________________________________________________

Anticipated date of graduation ________________________

Member of MNA (Mississippi Nurses Association) Yes_________ No___________

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

Mississippi Nurses Foundation or Mississippi Nurses Association Activities

_____________________________________________________________________________

_____________________________________________________________________________

Community Activities

_____________________________________________________________________________

Awards & Honors

_____________________________________________________________________________

Please submit to:
Mississippi Nurses Foundation
Stipend/Scholarship Committee
31 Woodgreen Place
Madison, MS  39110

DEADLINE for submission: July 06, 2018
Recipient will be notified by July 31, 2018