

\$2,000 Betty Dickson Health Policy Scholarship
Information Form

Name _____
Please Print

Address _____

City, State, Zip _____

Cell Phone _____ Email _____

Place of Employment _____

Work Phone _____

MNA Involvement

Professional Organizations

Community Activities

Awards & Honors

Please follow the eligibility requirements and application process to be considered for this award, and attach it to this form.

Please submit to:

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

DEADLINE for submission: February 8, 2019

The complete application (student information form, personal statement) must be postmarked or received in the Mississippi Nurses Foundation office by 5:00 p.m.