

***\$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](mailto:kdorr@msnurses.org)

**DEADLINE for submission: February 7, 2020**

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