



**MARTHA DOUGLAS MEMORIAL 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 \_\_\_\_\_

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

GPA \_\_\_\_\_

**MS Nurses Foundation/Association or Mississippi School Nurse 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 - February 14, 2020**

**Complete Application Must Include:**

- Student information form;
- Essay;
- Letter from school verifying the student is enrolled and in good academic standing;
- Official Transcript showing GPA of 3.0 or higher.