



**Mississippi
Nurses Foundation**
Nurses Touch Lives



Gulf Coast
**COMMUNITY
FOUNDATION**

*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.



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**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

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DEADLINE EXTENDED TO:
July 31, 2018
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