



**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 15, 2019