

**Nurse Oneita Dongieux Award for Excellence
Student Information Form**

Name _____
Please Print

Address _____

City, State, Zip _____

Day Phone _____ Email _____

School of Nursing in which student is enrolled _____

Classification in nursing program _____

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

Memberships

School of Nursing activities

Community activities

Awards & Honors

GPA _____

If awarded, authorization to publish the essay _____
Signature

Please submit to:

Mississippi Nurses Foundation
Nurse Oneita Dongieux Award for
Excellence

DEADLINE for submission: February 2, 2018

31 Woodgreen Place
Madison, MS 39110

Phone: 601.898.0850

Email us: foundation@msnurses.org