

Mississippi Nurses Foundation
\$1,000 School of Nursing 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 _____

Current GPA _____

SSN _____

Are you a member of a pre-professional organization? Yes ___ No ___

If yes, please list _____

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

Leadership Activities:

School Activities:

Community Activities:

Awards & Honors:

Please submit to:
The School of Nursing

Deadline: March 15, 2019