

Mississippi Nurses Foundation
Georgia Ann Benard Hall Award of Excellence
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 _____

Member of MASN (Mississippi Association of Student Nurses) Yes _____ No _____

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

Mississippi Nurses Foundation or Mississippi Nurses 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:
November 17, 2017