

**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 15, 2019**