

**Mississippi Nurses Foundation**  
**The Hiawatha and Eunice Northington Memorial Scholarship**  
**\$1,000 Scholarship**

**Student Information Form**

Name \_\_\_\_\_

Please Print

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Email \_\_\_\_\_

Mississippi Nursing License number \_\_\_\_\_

MS School of Nursing in which you are enrolled \_\_\_\_\_

Program of study \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Member of MNA? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you receiving additional funding? \_\_\_ No \_\_\_ Yes, from \_\_\_\_\_

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  
Scholarship Committee  
31 Woodgreen Place  
Madison, MS 39110  
601.898.0850

**DEADLINE for submission: November  
30, 2018.**