

List Professional Registrations or Licenses Held (Specify State and #)

List Certifications and Certifying Authority and/or Organization

EDUCATIONAL BACKGROUND: (List most recent first):

School: _____

Address: _____

Degree: _____

Dates: _____

School: _____

Address: _____

Degree: _____

Dates: _____

CONTRIBUTIONS:

1. PROFESSIONAL/COMMUNITY/VOLUNTEER ACTIVITIES:

(Include terms of office, years on committees, etc.)

2. HONOR SOCIETIES/RECOGNITIONS/AWARDS:

3. OTHER MEMBERSHIPS: (Include terms of office, years on committees, etc.)

EMPLOYMENT (List most recent first):

1) EMPLOYER: _____

ADDRESS: _____

TITLE/POSITION: _____

SUPERVISOR: _____

DATES OF EMPLOYMENT: _____

FULL-TIME _____ IF NO, # HOURS PER WEEK: _____

JOB RESPONSIBILITIES: _____

2) EMPLOYER: _____

ADDRESS: _____

TITLE/POSITION: _____

SUPERVISOR: _____

DATES OF EMPLOYMENT: _____

FULL-TIME _____ IF NO, # HOURS PER WEEK: _____

JOB RESPONSIBILITIES: _____

ACADEMIC INFORMATION:

DEGREE SOUGHT (Major / Specialty): _____

UNIVERSITY: _____

ADDRESS: _____

EXPECTED MONTH & YEAR OF GRADUATION: _____

REASON FOR SELECTING THIS PROGRAM: _____

COURSE WORK REMAINING AT TIME OF SCHOLARSHIP APPLICATION:

CREDIT HOURS REMAINING: _____

Your school operates on (circle one): SEMESTER, TRIMESTER, or QUARTER

ARE YOU AWARE OF ANY PERSONAL SITUATIONS THAT WOULD PREVENT YOU FROM COMPLETING THE EDUCATION PROGRAM?

_____ NO

_____ YES, PLEASE SPECIFY: _____

(Signature)

(Date)

Mail your application and attachments to:
MID-OHIO DISTRICT NURSES ASSOCIATION
1520 Old Henderson Rd., Suite 100
Columbus, OH 43220
Fax (614) 326-1633
Email: modna@modna.org
(614) 326-1630