Please check Application Type: ☐ Generic Nursing Student or ☐ RN

First Name _____Middle/Maiden_____

Last Name: _____

ADDRESS:
Street_____

City_____State_____ Zip_____

TELEPHONE NUMBER_____

EMAIL ADDRESS_____

GPA: _____

School of Nursing Accreditation Status_____

Board of Nursing Approval Status_____

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: _____ Date: _____

School: _____
Address: _____ _____
Degree: _____ _____Dates_____

CONTRIBUTIONS:

PROFESSIONAL/COMMUNITY/VOLUNTEER ACTIVITIES: (Include terms of office, years on committees, etc.)

_____

_____

_____

_____

HONOR SOCIETIES/RECOGNITIONS/AWARDS:

_____

_____

_____
_____
_____.

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

_____
_____

EMPLOYMENT (List most recent first):

1) EMPLOYER:_____ADDRESS_____
   TITLE/POSITION: _____ DATES OF EMPLOYMENT:_____
   FULL-TIME _____ IF NO, # HOURS PERWEEK: _____
   JOB RESPONSIBILITIES: _____
   _____
   _____
2) EMPLOYER: _____ADDRESS: _____
   TITLE/POSITION:_____ DATES OF EMPLOYMENT: _____
   FULL-TIME _____ IF NO, # HOURS PER WEEK: _____
   JOB RESPONSIBILITIES: _____
   _____
   _____

ACADEMIC INFORMATION:

DEGREE SOUGHT (Specialty):_____
UNIVERSITY: _____
ADDRESS: _____
EXPECTED MONTH & YEAR OF GRADUATION: _____
REASON FOR SELECTING THIS PROGRAM: _____
_____
_____
CREDIT HOURS REMAINING AT TIME OF SCHOLARSHIP APPLICATION: _____
Your school operates on (circle one): SEMESTER, TRIMESTER, or QUARTERS

Signature_____Date_____

Mail or email by the 3rd Friday of March 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