

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 February 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

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1. Proof of acceptance to the nursing program OR, if a freshman or first year level, proof showing application has been received and is being processed by the nursing education program.

2. A tentative plan that outlines the course work to complete your degree.

3. A page-long narrative explaining how this educational program will help you achieve your personal career goals, including a paragraph describing how you envision impacting the nursing association in the future as an RN.