



Scholarship Application

Completed applications must be received by December 1, 2019.

This scholarship application is available only to students of African heritage who are residents of the State of Washington. Please take the time to carefully read these instructions to ensure that you fully complete this application. Registered nurse applicants must be a member of MMPNO.

The application must include the following items:

- The completed application
- Two current letters of reference
- One unofficial transcript
- One essay that conveys your reason(s) for pursuing a career in professional nursing and future goals. (Not more than 700 words).

Incomplete applications will disqualify the applicant.

Mail your completed application to:

Scholarship Committee
Mary Mahoney Professional Nurses Organization
P.O Box 22003
Seattle, WA 98122-0003

| Applicant Information | | |
|-----------------------|------------|-------|
| Last Name | First Name | Date: |

| Current Resident Information | | | |
|------------------------------|--|---------|-------------------|
| Street Address: | | | Apartment /Unit # |
| City | | State | ZIP Code |
| Phone: | | Email: | |
| Birth Date: | | Gender: | |

| Primary Resident Information (if different from above) | | | |
|--|--|-------|-------------------|
| Street Address: | | | Apartment /Unit # |
| City | | State | ZIP Code |

| Education | | | |
|-----------------------|---------------------------|--------------------------|------------------|
| Current College: | Expected Completion Date: | Student Number: | Cumulative G.P.A |
| High School Attended: | | College or Trade School: | |
| Professional School: | | Other: | |

References

Please list two professional references. Letters of reference may be provided by former teachers, community residents, religious leaders or other who can provide substantive information about your academic, personal volunteer activities.

| | |
|----------------------------------|------------------|
| Reference 1 Full Name: | Position: |
| Organization: | Phone: |
| Reference 2 Full Name: | Position: |
| Organization: | Phone: |

Previous Employment

| | | |
|-------------------------|--------------------|------------------|
| Employer Name 1: | Phone: | |
| City: | State: | |
| Job Title: | Start Date: | End Date: |
| Employer Name 2: | Phone: | |
| City: | State: | |
| Job Title: | Start Date: | End Date: |

Community Activities and Awards or Honors Received

| | |
|------------------------------|-----------------------------------|
| Community Activities: | Awards or Honors Received: |
|------------------------------|-----------------------------------|

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in forfeiture of my scholarship.

| | |
|-------------------|---------------------|
| Signature: | Date Signed: |
|-------------------|---------------------|

Note: The scholarship committee will schedule interviews with all finalists.