

Nevada Organization of Nurse Leaders (NONL) DAN MORDECAI NURSING SCHOLARSHIP APPLICATION

**APPLICATION MAY BE COPIED FOR DISTRIBUTION
(Deadline: MUST BE RECEIVED BY SEPTEMBER 14, current year)**

*Three (3) \$1,000.00 scholarships will be awarded
(usually one for each level, Bachelors, Masters, and PhD)*

ELIGIBILITY

The applicant must be a student currently enrolled in an undergraduate nursing or graduate program.

INSTRUCTIONS

Complete Application Sections 1 through 6.

** INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED **

RETURN THE FOLLOWING 'COMPLETED' APPLICATION TO:

**NONL OFFICE
1878 Lemon Grove Street
Henderson, NV 89052**

**APPLICATIONS MUST BE RECEIVED
IN THE NONL OFFICE BY SEPTEMBER 14TH, current year.**

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APPLICATION**

PLEASE PRINT OR TYPE ALL INFORMATION

SECTION 1

Name _____

Mailing
Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Date of Birth _____ Marital Status _____

of School Age Dependents _____

SECTION 2

Current
School _____

Address

City _____ State _____ Zip _____

Dean/Program Director

Identify the degree program in which you are enrolled:

Projected date of graduation _____

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SECTION 3

List current memberships/offices held in professional healthcare-related organizations.

Organization/Address	Contact Person/ #	Office/Position Held (List responsibilities and contributions)

List current job-related certification that you hold (if applicable).

* You must attach a copy of card or certificate for judging criteria

Certifications	Organization/Affiliation

List community or volunteer service activities (i.e., Church, PTA, Scouts, etc.)

Activity & Date	Contact Person / #	Describe <i>your</i> role

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SECTION 4

*** PLEASE USE A SEPARATE SHEET OF PAPER TO COMPLETE ***

Submit a typed essay, no more than 100 words, indicating why you have chosen nursing as a profession, or why you have chosen to further your education.

SECTION 5

Please provide a letter of recommendation from your supervisor or faculty member with your application.

SECTION 6 Applicant's Certification

I believe myself eligible for and hereby make application to receive a scholarship administered by the Nevada Organization of Nurse Leaders (NONL). I certify that all statements made in this application are complete and accurate. I understand that:

- Falsification in my application or other attachments will disqualify my application.
- A Selection Committee appointed by NONL will select the scholarship recipient and its decision will be final.

SIGNATURE _____ **DATE** _____