

Scholarship Application Worksheet

Minnesota Organization of Leaders in Nursing

Date: _____

Instructions: Below are the questions you will be asked within the online application. Feel free to mark your answers using the worksheet below so you are prepared to address each question when completing the online application. **Please note, the completed scholarship application and all supporting documents must be submitted online no later than September 20.**

Applicant Information

NAME OF APPLICANT	NUMBER OF YEARS OF MOLN MEMBERSHIP		
ADDRESS	CITY	STATE	ZIP
PHONE	E-MAIL		

Employment Information

NAME OF EMPLOYER	POSITION		
ADDRESS	CITY	STATE	ZIP

Academic Background

Begin with basic nursing education and list all completed programs.

SCHOOL NAME	DEGREE	DATE EARNED

Current Degree Program Being Pursued

NAME OF INSTITUTION	ANTICIPATED DATE OF COMPLETION		
ADDRESS	CITY	STATE	ZIP

Organizational Membership Information

Describe your involvement with MOLN, AONE, and other organizations. Include district, state, or national level and the positions or offices held with these organizations. (Only MOLN members need to answer.)

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