

Minnesota Organization of Leaders in Nursing

**Educational Scholarship
Award Program**



APPLICATION FORM
For MOLN Members and
RN Students

Annual Deadline: July 1

any nominations not postmarked by July 1, will not be considered.

Scholarship Selection Criteria

Purpose

The purpose of the scholarship fund is to provide financial assistance to:

- Members of the Minnesota Organization of Leaders in Nursing (MOLN), **MOLN Member Applicants**, for continuation of formal education which will advance their leadership skills and expertise.
- MOLN student members, **MOLN Student Applicants**, completing their RN basic nursing education (MOLN will award a scholarship to a student in an undergraduate RN program).

Offering educational scholarships demonstrates commitment to our MOLN goals. Scholarship funds are raised during the Spring Conference Silent Auction and the Fall Conference. The educational scholarship program is administered by the Professional Development Committee and scholarship awards are distributed at the Fall Conference.

Eligibility Criteria

MOLN Member Applicants:

- Hold a current voting MOLN membership for a minimum of one year prior to making application for the scholarship. (*Voting board members are not eligible*).
- Are currently enrolled or have proof of enrollment in a relevant bachelor's, master's, or doctorate degree program.
- Have a minimum GPA of 3.0 or equivalent grade point average in current academic work.
- Have demonstrated support of MOLN mission, vision, and values.
- Have submitted 2 letters of reference:
 1. From a member of MOLN (non-family member).
 2. From a nursing faculty, nursing director, or dean of nursing regarding the applicant's leadership.

MOLN Student Applicants:

- Hold a current voting MOLN membership for a minimum of one year prior to making application for the scholarship. (*Voting board members are not eligible*).
- Are admitted to an accredited undergraduate RN nursing program.
- Have a minimum GPA of 3.0 in required courses for graduation from the selected nursing program.
- Have demonstrated leadership potential.
- Have submitted 2 letters of reference:
 1. From a member of MOLN (non-family member).
 2. From a nursing faculty, nursing director, or dean of nursing regarding the applicant's leadership potential.

Notification

Applicants will be notified by the first week of August. Names of recipients, their place of employment, and the academic institution they are attending will be published in the MOLN newsletter and on the MOLN website. Recipients will be honored and awarded the scholarship funds at the MOLN Annual Fall Conference.

Process

There are four parts to the application process:

- *All documents must be submitted together and postmarked no later than July 1* in order to be reviewed by MOLN to verify eligibility and completeness.
 - Only completed applications that meet the eligibility criteria will be reviewed. It is the responsibility of the applicant to ensure that all required supporting documents are included when submitting the application.
1. **Application Form** (attached form *must* be used)
 2. **Reference Forms** (attached form *must* be used)
 3. **Two Essays** (*must be typed and double spaced; essay questions listed below are limited to one page each*)
 1. State your goals in returning to school to complete a degree and how attainment of this degree will facilitate your professional development as a leader in nursing.
 2. Identify how your educational and career goals relate to the goals of MOLN.
 4. **Transcript**
 - Includes all course work completed in current program.
 - If applicant is enrolled in a program but has not begun course work, previous academic records may be used to meet the criteria.

Send completed application packets to:

Minnesota Organization of Leaders in Nursing
2550 University Ave W. Suite 350-S
St. Paul, MN 55114
E-mail: office@moln.org
Fax: (651) 659-1425 Phone: (651) 659-1425

Scholarship Application

APPLICATION

Minnesota Organization of Leaders in Nursing

Date: _____

Instructions: Save this form to your computer and complete all sections electronically before printing. Return completed applications and supporting documents to: Minnesota Organization of Leaders in Nursing, 2550 University Ave W, Ste 350-S., St. Paul, MN 55114; e-mail office@moln.org; fax (651) 659-1477. **Completed scholarship applications must be postmarked no later than July 1.**

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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Scholarship Application – Reference Form

Minnesota Organization of Leaders in Nursing

Instructions: Save this form to your computer and complete all sections electronically before printing. Return completed applications and supporting documents to: Minnesota Organization of Leaders in Nursing, 2550 University Ave W, Ste 350-S., St. Paul, MN 55114; e-mail office@moln.org; fax (651) 659-1477. **Completed scholarship applications must be postmarked no later than July 1.** All shared information is strictly confidential.

Applicant information

| |
|--|
| NAME OF APPLICANT |
| HOW LONG HAVE YOU KNOWN THE APPLICANT? |
| IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? (CHECK ONE) |
| <input type="checkbox"/> Immediate Supervisor |
| <input type="checkbox"/> Instructor or Peer |
| <input type="checkbox"/> MOLN Member |
| <input type="checkbox"/> Other (specify): |

Please rate the applicant on the following characteristics:

| | EXCEL- LENT | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | POOR |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Probability of success | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to get along with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Professionalism | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

What indication can you give of the applicant’s desire to contribute to nursing leadership?

Additional comments

Signature

| | |
|--------------|-------|
| PRINTED NAME | TITLE |
| SIGNATURE | DATE |

After completing this form, please seal your evaluation in an envelope, sign across the seal, and return it to the applicant for enclosure with all other required materials.