



# OMNE

## NURSING LEADERS OF MAINE

I HEREBY APPLY FOR THE ABOVE SCHOLARSHIP AND AGREE TO ALL THE REGULATIONS GOVERNING IT.

APPLICANT INFORMATION:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET: \_\_\_\_\_ TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

APPLICANT QUALIFICATIONS:

1. The student has an overall grade point average of "C" or better in current program.
2. The student is accepted in an accredited BSN or MSN nursing program.
3. The student must be a Maine resident.

PROCEDURE:

The applicant will:

1. Enclose documentation of current academic transcript.
2. Enclose confirmation of enrollment in an accredited nursing program.
3. Enclose two letters of recommendation from a school official, teacher, guidance counselor or health care professional (not a relative).
4. Enclose a brief note explaining why this would help you.

THE STATEMENTS ABOVE ARE CERTIFIED TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT SHOULD SEND THE REQUIRED INFORMATION TO:

Diane York, MS, RN  
Rumford Hospital  
420 Franklin Street  
Rumford, Maine 04276

The application must be received by the OMNE/Nursing Leaders of Maine scholarship chairperson by May 1. Scholarship awards will be decided by June 1. SCHOLARSHIP AMOUNT: \$500.00.