



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 a Maine 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 in Maine.
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:

Norma Munn, BSN, RN-BC
Redington-Fairview General Hospital
PO Box 468
Skowhegan, Maine 04976

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