



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

APPLICANT INFORMATION:

NAME: _____ TELEPHONE: _____

STREET: _____ TOWN: _____ STATE: ___ ZIP: _____

EMAIL: _____

COLLEGE/UNIVERSITY: _____

APPLICANT QUALIFICATIONS:

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

PROCEDURE: (the following must be enclosed to be considered for this scholarship)

- Current academic transcript high school college/university
- Confirmation of enrollment in an accredited BSN/MSN nursing program in Maine
- Two letters of recommendation from a school official, teacher, guidance counselor, or health care professional (not a relative)
- A brief note explaining why this scholarship would help you

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

APPLICANTS SIGNATURE: _____ DATE: _____

APPLICANT TO SEND ALL REQUIRED INFORMATION TO:

**Melissa Pelkey, RN, MBA, CNOR
Midcoast Hospital
123 Medical Center Drive
Brunswick, Maine 04011**

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: \$500.00