

**Massachusetts Organization of Nurse Executives
(MONE)
The Sharon A. Smith Scholarship Application**

Award Description

The Massachusetts Organization of Nurse Executives supports and promotes the profession of nursing through on-going development of nurse leaders in the state of Massachusetts. The scholarship program benefits members of the Massachusetts Organization of Nurse Executives and their family members by providing an award to be used toward pursuit of a degree in nursing.

Eligibility Requirements

1. Current member of the Massachusetts Organization of Nurse Executives (MONE) or an immediate family member of a current MONE member. Immediate family members are spouse, children, siblings, nieces, and nephews.
2. Enrolled in an accredited Nursing Program (BSN, MSN or advanced practice)

Amount of Award

The MONE Scholarship award will be an annual award based on funds available. A scholarship may be awarded to one or more qualified applicants each year and the amount of the award will be determined by the Scholarship Selection Committee. Award may be used for tuition, books fees or other educational related expenses.

Application Process

1. Complete the application form by May 1, 2009.
2. Provide two references (if employed one must be from your current manager/supervisor).
3. Provide school transcripts and evidence of enrollment into a qualified program.

Selection process

1. All applications will be reviewed by the Scholarship Selection Committee.
2. Final selection will be made by June 1, 2009.
3. Recipient(s) will be notified in early June and invited to attend the Awards Dinner on June 4, 2009 at the MONE Annual Meeting to receive the award.

Massachusetts Organization of Nurse Executives

SHARON A. SMITH SCHOLARSHIP APPLICATION

I. GENERAL INFORMATION

NAME: _____ SOCIAL SECURITY #: _____

HOME ADDRESS: _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS: _____ PHONE: _____

MONE MEMBER: Yes _____ No _____

RELATIONSHIP TO MONE MEMBER: _____ MONE Member's Name _____

II. PROGRAM INFORMATION:

Name of School Attending or Applying to: _____

School Address: _____ City _____ State _____ Zip _____

Year in Program 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ Post Grad _____

Type of Program: _____

BSN MSN Other Masters PhD

III. SCHOLARSHIP INFORMATION

A. Anticipated education expenses for this year:

Credits taking _____ Tuition \$ _____ Registration and other fees \$ _____ Books \$ _____

B. Are you receiving tuition assistance from any other source for this current year?

If so, please list the amount: \$ _____

C. Have you been awarded or are you applying for any form of financial aid, or grants? If so, please list:

Name of Financial Aid _____ Amount: _____

Name of Grant _____ Amount: _____

Other _____ Amount: _____

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IV. EMPLOYMENT INFORMATION:

Please list your current job:

CURRENT EMPLOYER _____

JOB TITLE _____

LENGTH OF EMPLOYMENT: _____

V. VOLUNTEER, COMMUNITY and OTHER PROFESSIONAL ACTIVITIES:

- VI.**
- On a separate sheet of paper, please describe in 500 words or less, reasons you are pursuing nursing or an advanced degree, and what you hope to accomplish.
 - Provide current school transcripts and evidence of enrollment into a qualified program.

VII. REFERENCES:

Please give the names of two persons who will provide written references for you. Please provide these persons with the enclosed reference form. After completion, they must send the form to MONE, 101 Cambridge Street, Suite 110, Burlington, MA 01803 by May 1, 2009. References may be current manager/supervisor and if in school one should be from an instructor/professor.

NAME: _____

TITLE: _____

ADDRESS: _____

NAME: _____

TITLE: _____

ADDRESS: _____

I hereby affirm that the information provided on this application is accurate. I understand that falsification of any information provided in the application for a forgivable loan will result in denial of my application.

Signature of Applicant

Date

Qualified applicants for the scholarship are considered without regard to age, sex, race, religion, national origin, or presence of a medical condition that would not interfere with the performance of the position for which the applicant is training.

ALL INFORMATION MUST BE COMPLETED AND SUBMITTED BY MAY 1, 2009 FOR YOUR APPLICATION TO BE CONSIDERED.

REFERENCE FORM

This person is applying for scholarship support that is provided by MONE to promote the profession of nursing. Your honest comments will be appreciated.

APPLICANT: _____ DATE: _____

_____ HAS WAIVED HIS/HER RIGHTS TO REVIEW THIS REFERENCE.

(Applicant)

YES

NO

PLEASE RATE THE FOLLOWING CATEGORIES
ON A SCALE OF 1-5

1=POOR
2=FAIR
3=AVERAGE
4=ABOVE AVERAGE
5=OUTSTANDING

- A. CRITICAL THINKING _____
- B. INTEGRITY _____
- C. PERSEVERANCE _____
- D. EMOTIONAL MATURITY _____
- E. PUNCTUALITY _____
- F. DEPENDABILITY _____
- G. SENSE OF HUMOR _____
- H. COMMUNICATION _____
- H. CARING _____

ADDITIONAL COMMENTS REGARDING THE APPLICANT'S CHARACTER, WORK AND EDUCATIONAL ETHIC:

Name and Title of Person Completing Form

Date Completed Form

Relationship to or affiliation with applicant.

PLEASE SEND COMPLETED REFERENCE FORM BY MAY 1, 2009
TO: MONE, 101 Cambridge Street, Suite 110, Burlington, MA 01803