

MARILN NURSING PROGRAM EDUCATOR SCHOLARSHIP AWARD

*NURSING EDUCATORS ENROLLED IN MASTER'S NURSING EDUCATION OR POST
MASTER'S CERTIFICATE NURSING EDUCATION PROGRAMS FOR REGISTERED NURSING
PROGRAM EDUCATION*

*NURSING EDUCATORS ENROLLED IN POST BACCALAUREATE CERTIFICATE EDUCATION
PROGRAMS FOR PRACTICAL NURSING PROGRAM EDUCATION*

What is the MARILN NURSING PROGRAM EDUCATOR SCHOLARSHIP Award?

The Massachusetts/Rhode Island League for Nursing (MARILN) may make a MARILN Nursing Program Educator Scholarship Award annually to a Nursing Program Educator who is currently teaching in a Nursing Program affiliated with MARILN.

Who may apply?

Any nursing educator in a nursing program affiliated with MARILN, who is:

a registered nurse enrolled in nursing course(s) in a master's, or post masters certificate nursing education program.

a registered nurse enrolled in nursing course(s) in a post baccalaureate certificate nursing education program.

What must I do to be considered?

Send a packet that includes the completed application, official academic transcripts, and two letters of recommendation from a nursing program dean, director, chair, or department coordinator to the MARILN PROFESSIONAL AWARD COMMITTEE AT THE MARILN OFFICE no later than February 28th.

Applications may be obtained from the MARILN website:

www.massachusettsandrhodeislandleaguefornursing.org.

What qualities does the committee consider when making the award?

The committee bases its decision on the applicant's potential to contribute to nursing program education, the applicant's ability to maintain satisfactory academic standing (at least a 3.0 GPA), and the applicant's stated goals and explanation of how this award will be used to help him or her achieve his or her stated goals.

When will I hear if I will receive the MARILN NURSE EDUCATOR Award?

The applicant selected for the **MARILN NURSE EDUCATOR SCHOLARSHIP AWARD** is usually notified by March 15th and is invited to the MARILN Annual Spring Meeting to receive the award.

THE MASSACHUSETTS /RHODE ISLAND LEAGUE FOR NURSING
MARILN NURSE EDUCATOR SCHOLARSHIP APPLICATION

*NURSING PROGRAM EDUCATORS ENROLLED IN POST BACCALAUREATE CERTIFICATE
NURSING EDUCATION PROGRAMS. MASTER'S OR POST MASTER'S CERTIFICATE OR
NURSING EDUCATION PROGRAMS*

Please print:

Name _____
Last
First
Middle

PRIOR NAME (IF APPLICABLE) _____ License # _____

Telephone _____ Email: _____

Address _____
Number
Street
City/Town
State
Zip Code

SCHOOL OR COLLEGE ATTENDING NOW (WHERE SCHOLARSHIP WOULD BE USED)

Name of School and Program _____

Address _____
Number
Street
City/Town
State
Zip Code

MARILN AFFILIATED NURSING EDUCATION PROGRAM WHERE TEACHING/PLANNING TO TEACH:

Title of Courses that you are teaching: _____

Educational History Please list all previous schools or colleges (beyond high school) and dates attended

Name of School or College	Address	From	To

THE APPLICANT IS RESPONSIBLE FOR MAILING A COMPLETED PACKET—APPLICATION, GOAL STATEMENT, CURRICULUM PLAN, TWO LETTERS OF RECOMMENDATION/REFERENCES FROM NURSING DEAN, DIRECTOR, CHAIR, OR LEVEL COORDINATOR (in unopened envelop signed by person writing reference), AND ALL OFFICIAL ACADEMIC TRANSCRIPTS (in unopened envelop sealed by the school or college releasing the transcript)—TO THE MARILN SCHOLARSHIP AWARD COMMITTEE 1 THOMPSON SQUARE CHARLESTOWN MA 02129 BY FEBRUARY 28TH.

The complete application packet must be postmarked by the February 28th deadline. The scholarship recipient is usually notified by MARCH 15th. The recipient is invited to the MARILN Spring Meeting to receive the award.

I certify that the information that I have provided is accurate.

Date: _____ Signature: _____ RN License # _____