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 – Awarded April 7, 2017

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 or a student attending a MARILN affiliated school.

Who may apply?

Any nursing educator who is currently teaching in a Nursing Program affiliated with MARILN or a student attending a MARILN affiliated school, 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, goal statement, official academic transcripts, and one letter of recommendation from a nursing program dean, director, chair, or department coordinator to: MA/RI League for Nursing Scholarship Award Committee, PO Box 407, Westwood, MA 02090 by 2/28/17.

Applications may be obtained from the MARILN website: www.mariln-nln.org

Questions? Email nursing.mariln@gmail.com

What qualities does the committee consider when making the award?

The committee bases its decision on the applicant’s potential to contribute to nursing education, the applicant’s ability to maintain satisfactory academic standing (at least a 3.0 GPA), and the applicant’s personal goal statement. The applicant is expected to address his or her goals in a one-two page typed statement, outlining how his or her professional career goals and educational philosophy concur with the National League for Nursing’s four core values (caring, integrity, diversity, and excellence) and how this award will benefit goal achievement.

When will I hear if I will receive the MARILN Nurse Educator Award?

The applicant selected for the MARILN NURSE EDUCATOR SCHOLARSHIP AWARD will be notified by 3/24/17. YOU MUST BE PRESENT AT THE MARILN SPRING MEETING ON FRIDAY, 4/7/17 IN ORDER TO ACCEPT THE AWARD.

MA/RI League for Nursing SCHOLARSHIP AWARD COMMITTEE, PO Box 407, Westwood, MA 02090
NURSE EDUCATOR SCHOLARSHIP APPLICATION

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

Name: ____________________________________________________________

Last                                      First                                      Middle

Prior Name (if applicable): __________________________ License #: __________________________

Email (PRINT CLEARLY): __________________________________________ Phone: __________________________

Address: ____________________________________________________________________________

Street                                      City/Town                State                   Zip Code

MARILN affiliated School or College attending or teaching now:

Name of School and Program: __________________________________________________________

Address: ____________________________________________________________________________

Street                                      City/Town                State                   Zip Code

Title of Courses that you are teaching: _________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name of School or College</th>
<th>Address</th>
<th>From Date</th>
<th>To Date</th>
<th>Nursing Courses Taken? Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE APPLICANT IS RESPONSIBLE FOR MAILING A COMPLETED PACKET—APPLICATION, GOAL STATEMENT, ONE LETTER OF RECOMMENDATION/REFERENCES FROM NURSING DEAN, DIRECTOR, CHAIR, OR LEVEL COORDINATOR (in unopened envelope signed by person writing reference), AND OFFICIAL ACADEMIC TRANSCRIPTS where nursing courses were taken (in unopened envelope sealed by the school or college releasing the transcript)—TO: MARILN SCHOLARSHIP AWARD COMMITTEE, PO Box 407, Westwood, MA 02090 by 2/28/17.

The complete application packet must be postmarked by the 2/28/17 deadline. The applicant who is selected to receive the award will be notified by 3/24/17 and must be present at the MARILN spring conference on 4/7/17 to accept the award.

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

Date: __________ Signature: __________________________________________ RN License # __________