

March of Dimes Graduate Nursing Scholarship Sample Application

All applications must be submitted online at: www.marchofdimes.org/nursing

If you have any questions regarding eligibility criteria and/or the submission process, please contact Mary Lavan, Associate Director, Nursing Education & Health Promotion at 914/997-4609 or mlavan@marchofdimes.org.

* indicates required question

Scholarship Criteria page 1/7

1. Are you currently enrolled in a graduate nursing program related to maternal child health? *
2. Do you have at least one academic term to complete following August 2015? *
3. Have you previously received the March of Dimes Graduate Nursing scholarship? *
4. Are you a registered nurse? *
5. Are you a member of the American College of Nurse-Midwives (ACNM), Association of Woman's Health, Obstetric and Neonatal Nurses (AWHONN) or National Association of Neonatal Nurses (NANN)? *
 - ACNM membership #
 - AWHONN membership #
 - NANN membership #
6. Are you an employee of the March of Dimes, a member of its Board of Trustees or a family member of an employee or Board Member? *

Personal Information, License & Certification page 2/7

APPLICANT PERSONAL INFORMATION

Applicant Name *

Applicant Address *

Applicant Phone *

Applicant Email *

LICENSE & CERTIFICATION

RN License Number *

RN State *

Certification Type

Year certification received

Education page 3/7

GRADUATION EDUCATION

Graduate University (where you are currently studying)*

Graduate University Location (City, State) *

Are you pursuing a specialization? *

Area of graduate degree specialization*

Graduate GPA*

Anticipated Graduation Date (Month, Year) *

Other graduate degrees and/or certifications

UNDERGRADUATE EDUCATION

Undergraduate University

Undergraduate University Location (City, State)

Did you pursue a specialization with your undergraduate degree?

Area of undergraduate degree specialization

Undergraduate GPA

Undergraduate Graduation Year

Other undergraduate degrees

BASIC NURSING PROGRAM

Basic Nursing Program School

Graduation Year

Volunteer Work, Honors/Awards & Previous Scholarships

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VOLUNTEER WORK, HONORS/AWARDS & PREVIOUS SCHOLARSHIPS

Have you ever volunteered for the March of Dimes? *

Have you ever volunteered for any other organization? *

If yes, tell us about your volunteer experience.

Have you received any honors and/or awards? *

If yes, tell us about your honors or awards

Have you received any other scholarships? *

If yes, which other scholarships have you received.

How did you learn about this scholarship? *

(Colleague, College/University, Website, Email, Social Media, Other)

Employment page 5/7

Are you currently employed? *
Current employer *
Current title *
Employed since
Previous employer
Title from previous position
Date previous employment began
Date previous employment concluded

Publications & Presentations page 6/7

Have you published? *
Yes/No (you do not need to have published to qualify for consideration)
If yes, publication citations.
Have you given any presentations? *
Yes/No (you do not need presentations to qualify for consideration.)
If yes, presentation citations.

Personal Essay & Faculty Recommendation page 7/7

PERSONAL ESSAY*

- I. Educational plan, including the relevance to maternal-child health of this plan of study
- II. Career goals, and how they correlate with the March of Dimes mission
- III. Past, current, and planned involvement in maternal-child health
- IV. Why you should be awarded the scholarship (this section should address reasons beyond financial need.)

Your applicant essay cannot exceed 4000 characters. Four organizational headings have been entered by default in the field above. Please retain the structure of these headings in your essay.

FACULTY RECOMMENDATION

Faculty Member Name *
Faculty Member Credentials
Faculty Member Position *
Faculty Member Phone *
Faculty Member Recommendation Letter (attach file) *

Please note faculty recommendation should not exceed 300 words.