

**Massachusetts/Rhode Island League
for Nursing**

NLN

MARILN PROFESSIONAL SCHOLARSHIP AWARD

STUDENTS ENROLLED IN ADN, DIPL, BS, OR RN-BSN NURSING PROGRAMS

What is the MARILN Professional Award?

The Massachusetts/Rhode Island League for Nursing (MARILN) may make a Professional Scholarship Award annually to a resident of Massachusetts or Rhode Island for at least four years prior to entry and who is currently enrolled in a Registered Nursing Program *affiliated* with MARILN.

Who may apply?

Any registered nursing student who has been a **Resident of Massachusetts or Rhode Island for at least four years** prior to entering the nursing program and

Is a full time nursing student who has successfully completed two consecutive semesters of nursing courses in a registered nursing program—ADN, DIPL, BSN, or

Is a registered nurse* who has been accepted into a RN-BSN nursing program, or

Is a part time nursing student who has successfully completed the equivalent of two consecutive semesters of nursing courses in a registered nursing program

What must I do to be considered?

Send a packet that includes the completed application, official academic transcripts, and references from at least two nursing faculty, to the MARILN PROFESSIONAL AWARD COMMITTEE AT THE MARILN OFFICE no later than July 31st. Applications may be obtained from the MARILN office at the address below, or by sending a request to Scholar2929@aol.com. Please specify which application you are requesting.

What qualities does the committee consider when making the award?

The committee bases its decision on the applicant's potential to contribute to the profession of nursing and the applicant's ability to maintain satisfactory academic standing (at least a 3.0 GPA). As a part of the application process, the applicant is expected to state goals and explain 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 Professional Award?

The applicant who is selected for the **MARILN Professional Award** will be notified by August 31st and will be invited to the MARILN Annual Fall Meeting to receive the award.

If applicable, letter of acceptance to RN-BSN must be sent with application.

**THE MASSACHUSETTS /RHODE ISLAND LEAGUE FOR NURSING
MARILN PROFESSIONALSCHOLARSHIP APPLICATION
ADN, DIPL, BSN, RN-BSN NURSING STUDENTS**

Please print:

Name _____
Last
First
Middle

PRIOR NAME (IF APPLICABLE) _____

Telephone _____ (____) _____ Telephone _____ (____) _____

Address _____
Number
Street
City/Town
State
Zip Code

NO. YEARS AT THIS ADDRESS ____ NO. YEARS RESIDING IN MA/RI PRIOR TO ENTERING PROGRAM _____

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

Name of School _____

Address _____
Number
Street
City/Town
State
Zip Code

Please check one _____ Full time student _____ Part time student

Date entered program _____ Expected graduation date _____
Month/Year
Month/Year

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 & ESSAY, TWO NURSING FACULTY REFERENCES, AND ALL OFFICIAL ACADEMIC TRANSCRIPTS—TO THE MARILN SCHOLARSHIP AWARD COMMITTEE 1 THOMPSON SQUARE CHARLESTOWN MA 02129 BY JULY 31ST!

The APPLICATION is complete and is signed. A one page typed essay stating the applicant's professional goals is included.

TWO REFERENCES FROM NURSING FACULTY MEMBERS, using the enclosed personal reference forms, have been submitted in an unopened envelope sealed by the person writing the reference.

ALL OFFICIAL ACADEMIC TRANSCRIPTS from the current and all other schools or colleges beyond the high school level attended by the applicant are submitted in an unopened envelope sealed by the school or college, providing the transcript. Grades for spring nursing courses must be included.

The complete application packet must be postmarked by the July 31st deadline. The scholarship recipient is usually notified by August 31st. The scholarship award is presented at the MARILN Fall Meeting

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

Date: _____ Signature: _____

PROFESSIONAL CAREER GOALS

Please submit a typed one page essay stating your professional career goals. Briefly describe experiences that led you to select these goals. Please explain how this award will be used to help you to achieve your stated goals. The Scholarship Award Committee is primarily interested in what you envision for the future. Please sign and date your essay.

Name: _____

School: _____

Dear Faculty Member:

I am applying to the Massachusetts/Rhode Island League for Nursing for a scholarship award. Please complete the PERSONAL REFERENCE FORM including narrative comments about my strengths, place it in a sealed envelope, and return it to me. I am responsible for submitting a complete packet to the Massachusetts/Rhode Island League for Nursing no later than July 31st.
Thank you.

Signed _____

Dear Faculty Member:

_____ has applied to MARILN for a scholarship award. **In addition to your objective rating, your narrative comments about the applicant's strengths are important to the members of the MARILN Scholarship Award Committee.** When checking the appropriate boxes on the grid and writing comments, please explain how the applicant stands out with other individuals who have similar levels of education and experience. Please type or print your narrative comments and attach this form.

Thank you.

The MARILN Scholarship Award Committee

Objective Rating of Student's Strengths

	*NA	Above average			Average			Below average		
		1	2	3	4	5	6	7	8	9
Academic ability										
Clinical ability										
Initiative										
Interpersonal skills										
Judgment										
Motivation										
Oral communication skills										
Written communication skills										
Potential for contributing to profession										
Potential for leadership										
Potential for professional growth										

Narrative Comments

In what capacity have you known the applicant? _____

Name _____ Credentials _____

Nursing Program/Level _____ Position/Title _____

Date _____ Signature _____

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Objective Rating of Student's Strengths

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	*NA	1	2	3	4	5	6	7	8	9
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Clinical ability										
Initiative										
Interpersonal skills										
Judgment										
Motivation										
Oral communication skills										
Written communication skills										
Potential for contributing to profession										
Potential for leadership										
Potential for professional growth										

Narrative Comments

In what capacity have you known the applicant? _____

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Date _____ Signature _____