Mary Opal Wolanin Scholarship

Eligibility

• Graduate—Eligible applications include nursing students enrolled in a MSN, DNP or PhD nursing program in the U.S. with a gerontology focused dissertation or project. A $500.00 scholarship will be awarded at the annual convention.

• Undergraduate—Eligible applicants include full-time or part-time nursing students in a nationally accredited U.S. school of nursing. Applicants must intend to work with a gerontology population after graduation. A $500.00 scholarship will be awarded at the annual convention.

Complete applications include the following

1. Two letters of recommendation. One should be from faculty who can attest to the potential for successful completion of the nursing program and future contribution to the field of gerontological nursing.
2. A transcript from the current educational institution with a minimum of a 3.0 overall grade point average.
3. A statement of professional and educational goals with emphasis on contributions the student expects to make to improve nursing care for older adults (not to exceed 300 words).

Award Procedure

1. Award recipients will be announced by July 1, 2014. Award recipients will be recognized at the awards luncheon during the convention.
2. Award recipients will be asked to attend annual convention to accept award. If unable to attend, he/she will be expected to write an acceptance letter that will be read at the convention.
3. Recipients of the Mary Opal Wolanin scholarship will receive a one-year membership to NGNA.

Applications must be submitted to NGNA no later than June 6, 2014.

Return Completed Nomination Package to:
NGNA – Mary Opal Wolanin Scholarship
3493 Lansdowne Drive, Suite 2
Lexington, KY 40517
(800) 723-0560
Fax: (859) 271-0607
info@ngna.org
Mary Opal Wolanin Scholarship

Date: _______________ I am applying for the □ graduate / □ undergraduate scholarship.

Please print or type.

Name: ____________________________________________________________

Address: _________________________________________________________

_________________________________________________________________

Home Phone: ________________________ Work Phone: ____________________

Name and Address of Educational Institution:

_________________________________________________________________

_________________________________________________________________

Expected Graduation Date: ________________________________

List work and volunteer experience or plans for future work in gerontological nursing.

_________________________________________________________________

_________________________________________________________________

Attach additional statements if needed

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