



**Third District**  
Meeting the needs of nurses in Anoka  
Carver, Hennepin and Scott Counties

## 3rd District Nurses

### Leadership Scholarship Application

**Scholarship Eligibility:** Individuals who are 3rd District members currently enrolled in a baccalaureate degree nursing program.  
One \$500.00 scholarship awarded annually.

**Application deadline: April 1**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Director of Nursing Program (Name) \_\_\_\_\_ School Publication \_\_\_\_\_

Name of Program \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Are you attending an NLN accredited post-R.N. program? YES NO

Name of College/University \_\_\_\_\_ Enrollment Date \_\_\_\_\_

What % of your program are you in?  1<sup>st</sup> 1/3 of program  2<sup>nd</sup> 1/3 of program  last 1/3 of program

When do you anticipate graduating? \_\_\_\_\_

#### Application Instructions

1. You must be a member of 3rd District Nurses to apply.
2. Complete this form
3. Attach a statement of career goals and objectives.
4. Attach a resume that includes:
  - a. The name of the associate degree or diploma school you attended
  - b. History of activity in ANA, MNA and/or 3rd District Nurses
  - c. Employment history
5. Request a letter from a nursing educator which addresses your potential to complete the degree program. Have it mailed to the address in the box above.
6. Request a letter of recommendation regarding your clinical performance from a supervisor/head nurse or assistant head nurse you have had in the last three years and mail to the address in the box.

**For more information and to download forms please see our website: [www.nursesce.org](http://www.nursesce.org). Application must be received by April 1.**

**Please mail to:**  
3rd District Nurses  
4445 W 77<sup>th</sup> St. Suite 121  
Edina, MN 55435  
Fax: 952-920-8689  
E-mail: [molson@nursesce.org](mailto:molson@nursesce.org)