



## 3rd DISTRICT NURSES

# RAYE KREEVOY SCHOLARSHIP APPLICATION

**Scholarship Eligibility:** Individuals currently pursuing a baccalaureate or advanced education as a professional nurse. Individuals who are committed to working with gerontologic or homeless clients will be favored. RN applicants must be a member of 3<sup>rd</sup> District Nurses to be eligible for this scholarship. Applicants who are pursuing their initial education to become a registered nurse must be a member of Minnesota Nursing Student Association. Those applicants whose educational plans include nontraditional, non classroom learning such as clinical, research, or internship will be favored. Innovative student originated plans are preferable. One \$1000.00 scholarship awarded annually.

**Application Deadline: April 1.**

Last Name	First Name	Middle Initial
Street Address	Email	Home Phone Number
City	State	Zip Code
Employer	Work Address	Work Phone Number
Director of Nursing Program(Name)		School Publication

Name of Program and School attending:

Number of credits/courses you have remaining prior to graduation:

Quarter credits: \_\_\_\_\_ Semester credits: \_\_\_\_\_ Courses/Competencies

When do you anticipate graduating?

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

2. Attach a letter that includes:
  - a. The names of the nursing schools you have attended.
  - b. Employment history
  - c. A summary of your interest or experience with gerontologic or homeless persons.
  - d. Your goals and objectives as a professional nurse and how this scholarship money will help you achieve them?
3. Request a letter of recommendation regarding your clinical performance from a mentor or colleague you have had in the last three years. Have it mailed to the address below.
4. Request a letter from a nursing educator which addresses your potential to complete the degree program. Have it mailed to the address below.

Upon completion of their program, the scholarship recipient is responsible for making a written report to the scholarship committee. This report shall include a brief summary of experience and a statement of future goals.

**For more information and to download forms please see our website: [www.nursesce.org](http://www.nursesce.org).**

**Mail application to:**

Third District Nurses; 4445 W 77<sup>th</sup> St., Suite 121, Edina, Minnesota, 55435 Phone: (952) 920-9860; Fax: (952) 920-8689, or E-mail: [molson@nursesce.org](mailto:molson@nursesce.org).