



## MORGAN MEDICAL CENTER NURSING SCHOLARSHIP APPLICATION FORM

The Morgan Medical Center Nursing Scholarship Program is designed to support aspiring registered nurses committed to advancing the health and well-being of rural communities through compassionate, competent, and accountable care. This application is intended for candidates demonstrating academic excellence, leadership potential, and a commitment to practice within our facility post-graduation. The award winner is eligible up to \$25,000 to assist in Nursing School and a commitment to work at Morgan Medical Center for 4 years.

### SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employed Yes \_\_\_\_\_ No \_\_\_\_\_ Where \_\_\_\_\_

Current Job Title/Duty \_\_\_\_\_

### SECTION 2: ACADEMIC INFORMATION

Current School Name: \_\_\_\_\_

Current Grade Level/Year of Study: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Intended Nursing Program: \_\_\_\_\_

Preferred Nursing Specialty to work after nursing school 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Institution (if different from current school): \_\_\_\_\_



**SECTION 3: FINANCIAL INFORMATION**

Do you currently receive any financial aid? (Yes/No) \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Estimated Annual Tuition and Fees, scholarships, estimated financial aid received each year or semester:

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Which of the above is required to be paid back?

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**SECTION 4: PROFESSIONAL GOALS**

Please provide a brief statement outlining your career goals in the field of nursing (300-500 words):

**SECTION 5: EXTRACURRICULAR ACTIVITIES AND VOLUNTEER WORK**

List any relevant extracurricular activities, volunteer work, or leadership roles:



## SECTION 6: REFERENCES

Please provide the contact information for two references (professors, employers, or community leaders):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 7: DOCUMENTS REQUIRED

Please attach the following documents:

- Official Transcript from High School and College
- Proof of Enrollment/Acceptance Letter from Nursing Program (RN accredited program)
- Personal Essay (500-1000 words) to answer the following questions:
  1. Tell me about a time you made a difference in someone's life through compassion or presence alone.
  2. What role does a new graduate nurse play in preventing harm to patients?
  3. Rural hospitals often require nurses to wear many hats. How do you feel about taking on diverse tasks beyond bedside care?
  4. Have you ever taught yourself something outside of class that helped you in clinicals? What was it and why?
- Letter(s) of Recommendation x3 from (employer, professor and or community leaders)
- Financial Aid Documentation (if applicable)
- Resume



**SECTION 8: APPLICANT'S DECLARATION (Please initial by each box)**

- I hereby declare that the information provided is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification.
- I understand that this application will be submitted to a scholarship committee for review and will involve an interview. The final decision if the student qualifies for the committee will be determined by the scholarship committee.
- I understand further that if I do not successfully complete my nursing program or fail to graduate, I may be required to repay the scholarship funds awarded to me. Repayment will follow a **pro-rated schedule** based on the portion of the program completed at the time of withdrawal or failure to graduate:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

--- LEGAL DECLARATION ---

I understand that if awarded the MMC Nursing Scholarship, I am required to sign a legally binding agreement detailing the terms of financial support, academic and employment obligations, and repayment requirements. Failure to meet the terms—including but not limited to graduating within the specified timeline, obtaining licensure, and fulfilling a post-graduation employment commitment at Morgan Medical Center—may result in full or partial repayment obligations.

I certify that all information provided in this application is accurate and complete. I consent to the terms and conditions outlined in the scholarship agreement if selected as a recipient.