

M-OADN Faculty Development Scholarship Application

Name of nominee _____
Last First MI

Address _____

City _____ State _____ Zip _____

Phone _____ (home) _____ (work) _____ (cell)

Last four digits of SS# _____

Application requirements

1. Attach a list of professional and community organizations /activities
2. Attach an essay of approximately 500 words or less describing the impact your teaching will have on Associate Degree education.
3. Attach professional vitae of your education and work experience.
4. Attach a letter from the Dean of the School of Nursing confirming your acceptance into the master's program or post-graduate course enrollment including:
 - Type of degree and clinical focus (e.g. education/maternal-child/psychiatry/adult health) or post-graduate course work
 - Anticipated date of graduation
 - A degree plan including education courses
 - Current RN licensure verification (_____) last four digits of SS#
5. Attach two letters of reference regarding your professional work and commitment to nursing as well as your potential to teach.
6. Attach a letter of intent for consideration to hire from an Associate Degree Nursing program in Mississippi.
7. Attach a graduate and /or undergraduate transcript.

*Application & Attachments must be **postmarked by February 27, 2012.**

Please mail completed application to:

Katina Bell, M-OADN President Elect
14000 Hwy 82 West Box 5227
Itta Bena, MS 38941

All applications will be reviewed and evaluated by a team of nursing faculty by March 2012. Final selection will be announced. Each applicant will receive a letter.

*Preference may be given to M-OADN membership although it is not necessary to apply.

If you have questions, please call Katina Bell @ 662-299-4124 or email @ justkatina424@gmail.com