



**Massachusetts/Rhode Island  
League for Nursing**

## **MARILN NURSING PROGRAM EDUCATOR SCHOLARSHIP AWARD**

*NURSING EDUCATORS ENROLLED IN MASTER'S NURSING EDUCATION OR POST  
MASTER'S CERTIFICATE NURSING EDUCATION PROGRAMS FOR REGISTERED NURSING  
PROGRAM EDUCATION*

### ***What is the MARILN NURSING PROGRAM EDUCATOR SCHOLARSHIP Award?***

The Massachusetts/Rhode Island League for Nursing (MARILN) may make a MARILN Nursing Program Educator Scholarship Award annually to A Nursing Program Educator who is currently teaching in a Nursing Program affiliated with MARILN or a student attending a MARILN affiliated school.

### ***Who may apply?***

Any nursing educator who is currently teaching in a Nursing Program affiliated with MARILN or a student attending a MARILN affiliated school, who is:

a registered nurse enrolled in nursing course(s) in a master's, or post masters certificate nursing education program.

a registered nurse enrolled in nursing course(s) in a post baccalaureate certificate nursing education program.

### ***What must I do to be considered?***

Send a packet that includes the completed application, goal statement, official academic transcripts, and one letter of recommendation from a nursing program dean, director, chair, or department coordinator to: **MA/RI League for Nursing Scholarship Award Committee, PO Box 407, Westwood, MA 02090** by **2/28/16**.

Applications may be obtained from the MARILN website: [www.mariln-nln.org](http://www.mariln-nln.org)

Questions? Email [nursing.mariln@gmail.com](mailto:nursing.mariln@gmail.com)

### ***What qualities does the committee consider when making the award?***

The committee bases its decision on the applicant's potential to contribute to nursing education, the applicant's ability to maintain satisfactory academic standing (at least a 3.0 GPA), and the applicant's personal goal statement. The applicant is expected to address his or her goals in a one-two page typed, statement, outlining how his or her professional career goals and educational philosophy concur with the National League for Nursing's four core values (caring, integrity, diversity, and excellence) and how this award will benefit goal achievement.

### ***When will I hear if I will receive the MARILN NURSE EDUCATOR Award?***

The applicant selected for the **MARILN NURSE EDUCATOR SCHOLARSHIP AWARD** will be notified by 4/10/16. **YOU MUST BE PRESENT AT THE MARILN SPRING MEETING ON FRIDAY, 4/22/16 IN ORDER TO ACCEPT THE AWARD**

MA/RI League for Nursing SCHOLARSHIP AWARD COMMITTEE, PO Box 407, Westwood, MA 02090



**Massachusetts/Rhode Island  
League for Nursing**

**NURSE EDUCATOR SCHOLARSHIP APPLICATION**

*NURSING EDUCATORS ENROLLED IN MASTER'S NURSING EDUCATION OR POST MASTER'S CERTIFICATE  
NURSING EDUCATION PROGRAMS FOR REGISTERED NURSING PROGRAM EDUCATION*

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

PRIOR NAME (IF APPLICABLE) \_\_\_\_\_ License # \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City/Town State Zip Code

MARILN affiliated school or college attending or teaching now:

Name of School and Program \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City/Town State Zip Code

Title of Courses that you are teaching: \_\_\_\_\_

**Educational History Please list all previous schools or colleges (beyond high school) and dates attended**

Name of School or College	Address	From	To

**THE APPLICANT IS RESPONSIBLE FOR MAILING A COMPLETED PACKET—APPLICATION, GOAL STATEMENT, ONE LETTER OF RECOMMENDATION/REFERENCES FROM NURSING DEAN, DIRECTOR, CHAIR, OR LEVEL COORDINATOR (in unopened envelope signed by person writing reference), AND OFFICIAL ACADEMIC TRANSCRIPTS\* (in unopened envelope sealed by the school or college releasing the transcript)—TO MARILN SCHOLARSHIP AWARD COMMITTEE, PO Box 407, Westwood, MA 02090 by 2/28/16.**

**\*Current Program and Most Recent Previous Transcript (2 in total)**

**The complete application packet must be postmarked by the 2/28/16 deadline. The applicant who is selected to receive the award will be notified by 4/10/16 and must be present at the MARILN spring conference on 4/22/16 to accept the award.**

I certify that the information that I have provided is accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ RN License # \_\_\_\_\_