



*Criteria/process for applying for the scholarships is as follows:*

- Applicant must be a **CURRENT** Member of the AAMN.
- The applicant must be a **MALE** student currently enrolled and completed at least one academic term in a licensed nursing program.
- The essay must be a maximum of 500 words, typewritten, 12 pt type, double-spaced.
- The essay must describe why the applicant is choosing nursing for a career.
- The essay must be submitted electronically in pdf format to the main office of AAMN at [aamn@aamn.org](mailto:aamn@aamn.org) the subject line: *2013 AAMN Scholarship Application: First & Last Name- (Undergraduate or Graduate)* ex: **2013 AAMN Scholarship Application: Jon Doe (Undergraduate)**
- The applicant must submit a letter (also electronically) from one of his faculty members confirming the student is in satisfactory academic standing and recommends that the student receive the scholarship.
- All documents must be attached to one single email. Incomplete applications will not be accepted.

**Email all required forms and work to [aamn@aamn.org](mailto:aamn@aamn.org) with the subject line of: 2013 AAMN Scholarship Application: First & Last Name- Undergraduate / Graduate (select one). All forms must be submitted together no later than Midnight, July 1, 2013.**

**Scholarships to be awarded:**

**Six AAMN Foundation Undergraduate Scholarships \$500 ea**  
**Jadeh Marselis Moore Undergraduate Scholarship: \$500**  
**MurseWorld AAMN Undergraduate Scholarship: \$500**  
**Two AAMN Graduate Program Scholarships: \$1000 ea**

**Before you submit:**

- **Do you have a completed cover sheet?**
- **Do you have your essay in correct form?**
- **Do you have your faculty letter of support/recommendation?**



2013 AAMN Foundation Scholarships
Application Cover Sheet

Why Did I Choose Nursing as a Career?

Please print or type all information LEGIBLY. Unreadable information will not be accepted.

Title of Essay: \_\_\_\_\_

Name of Student Author: \_\_\_\_\_
First Name Last Name

Address of Author: \_\_\_\_\_
Street City
State Zip Code Telephone Number

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

Name and Location of Nursing Program: \_\_\_\_\_

Last Academic Term Completed: (circle one) 1st Term 2nd Term 3rd Term 4th Term Graduate Student

What month/year did you join AAMN? \_\_\_\_\_

Active Local Chapter Member? Yes (name of Chapter) \_\_\_\_\_ No

Attended an AAMN Annual Conference? Yes (year and location) \_\_\_\_\_ No

List Other Nursing Organizations of which you are a member: \_\_\_\_\_

Are you an officer in any other Nursing Organization? Yes (position) \_\_\_\_\_ No