



MICHIGAN ORGANIZATION
FOR NURSING LEADERSHIP

MICHIGAN AFFILIATE OF AONL

MONL Educational Award/Scholarship Application

About: MONL is offering *one* \$2,500 scholarship to a member who has shown commitment to the organization and ambition in their academic trajectory. The scholarship will be awarded at the annual MONL Summit.

NAME/CREDENTIALS: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

POSITION/TITLE: _____ YEARS IN POSITION: _____

RN LICENSE NUMBER & STATE: _____ EXPIRATION DATE: _____

AREA CODE/CELL PHONE NUMBER: _____

NUMBER OF YEARS AS MONL MEMBER- MUST BE A MONL MEMBER TO APPLY: _____

MONL ACTIVITIES YOU HAVE PARTICIPATED IN:

ACADEMIC BACKGROUND

Start With Nursing Education and list All Completed Programs
(If additional space is needed, please use a separate sheet of paper)

SCHOOL: _____

DEGREE: _____ DATE COMPLETED: _____

INSTITUTION ATTENDING/ENROLLED: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PROGRAM DIRECTOR/NAME, TITLE: _____

DATE ENTERED PROGRAM/PROJECTED COMPLETION DATE: _____

PLANS FOR SPENDING THE AWARD:

ARE YOU WILLING TO PRESENT YOUR SCHOLARLY PROJECT TO THE MONL GROUP AND DESCRIBE ITS
IMPACT ON THE PROFESSION? _____

SIGNATURE: _____ DATE: _____

Please submit your completed application to Jaime Sinutko at jsinutko@gmail.com or office@monl.org.