Bobbie Anderson Scholarship

The Bobbie Anderson Scholarship was established by the MOADN Board of Directors for the purpose of recognizing a deserving student who demonstrates leadership, a caring and professional spirit, and commitment to community service.

CRITERIA
The applicant must:
- Be enrolled in the 2nd semester of the ADN program.
- Have a 2.75 or above GPA.
- Be a member of MOSA.
- Have satisfactory clinical skills.
- Display a high degree of caring and professional spirit.
- Participate in community service activities.

APPLICATION PROCESS
To apply for the Bobbie Anderson Scholarship the applicant must submit the following:
- Completed application.
- Resume including academic, employment, and community service experiences.
- Letter of recommendation from a faculty member addressing the applicant’s leadership abilities, degree of caring and professional spirit, community service activities and clinical skills.
- Program Dean/Director’s verification of enrollment, MOSA membership, GPA and satisfactory clinical skills.

AWARDS PRESENTATION
All nominees will be recognized at the annual convention, receive a nomination certificate and receive ½ off of convention registration. The winning recipient will receive $500 from MOADN.

Applications are due by **February 15, 2019**. Submit all documents to the Awards Committee Chair:

**NAME:** Mary Jo Kirkpatrick  
**ADDRESS:** 52259 Highway 25 South  
Amory, MS 38821  
**EMAIL:** kirkpat71@gmail.com  
**PHONE:** (662) 256-7744  
(662) 315-3262

Revised: mjk Fall 2018
MOADN
Bobbie Anderson Scholarship
Application

Name: ______________________________________________________________________

First               Middle Initial               Last

Address: ____________________________________________________________________

____________________________________________________________________________

City                     State                     Zip Code

Home Phone or Cell: ______________________________________________________

Email Address: _____________________________________________________________

Name of Nominating School: _________________________________________________

Resume is attached:                           Yes_______       No_______

Faculty letter of recommendation is attached:               Yes _______     No_______

Applicant agrees to allow information to be published via MOADN’s communication modalities:

Yes______       No______

________________________________________________

Signature of Applicant                     Date

This section must be completed by the nominating school’s program dean/director.

The applicant:

__________ is currently enrolled in the 2nd semester of the program.

__________ is an active member of MOSA.

__________ maintains a 2.75 or above GPA.

________________________________________________

Program - Dean/Director’s Signature                     Date