The Outstanding ADN Student Award was established by the MOADN Board of Directors for the purpose of recognizing a deserving student who demonstrates leadership, professionalism, self-direction, and excellence in classroom and clinical environments.

CRITERIA
The applicant must:
- Have completed the first year of the nursing program or transition course and is currently enrolled in the 2nd year of the program.
- Have a 3.0 or above GPA.
- Be member of MOSA.
- Demonstrate leadership potential (i.e. active participation or held office in MOSA).
- Demonstrate a caring and professional spirit.
- Display self-direction and initiative.
- Work well with others.

APPLICATION PROCESS
To apply for the Outstanding ADN Student Award the applicant must submit the following:
- Completed application.
- Resume including academic, employment, and community service experiences.
- Two letters of recommendation from faculty members addressing applicant’s leadership potential, caring and professional spirit, self-direction, initiative, and ability to work with others.
- Program Dean/Director’s verification of enrollment in the 2nd year of the program, MOSA membership, and GPA.

AWARD 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 a plaque and $500 from MOSA.

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
MOADN
Outstanding ADN Student Award
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 letters of recommendation are attached: Yes ______  No_______

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

__________________________________________________
Signature of Applicant

__________________________________________________
Program - Dean/Director’s Signature

This section must be completed by the nominating school’s program dean/director.
The applicant:
   _________ is currently enrolled in the 2nd year of the program.
   _________ is an active member of MOSA.
   _________ maintains a 3.0 or above GPA.

__________________________________________________
Date

Revised: mjk Fall 2018