

**NONL-Nevada Organization of Nurse Leaders, Inc.**  
**DAN MORDECAI NURSING SCHOLARSHIP APPLICATION**

**APPLICATION MAY BE COPIED FOR DISTRIBUTION**  
**(Deadline: MUST BE RECEIVED BY SEPTEMBER 14, current year)**

**Three (3) \$1,000.00 scholarships will be awarded**  
**(usually one for each level, Bachelors, Masters, and PhD)**

**ELIGIBILITY**

The applicant must be a student currently enrolled in an undergraduate nursing or graduate program.

**INSTRUCTIONS**

Complete Application Sections 1 through 6.

***\* INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED \****

**RETURN THE FOLLOWING 'COMPLETED' APPLICATION TO:**

**NONL OFFICE**  
**1878 Lemon Grove Street**  
**Henderson, NV 89052**

**APPLICATIONS MUST BE RECEIVED**  
**IN THE NONL OFFICE BY SEPTEMBER 14TH, current year.**

**Late submissions will not be considered.**

**QUESTIONS: SEND EMAIL TO [webmaster@nonl.org](mailto:webmaster@nonl.org), and/or call the NONL office voicemail at: (702) 995-0239 and leave your name, call back number, and your question.**

# NONL-Nevada Organization of Nurse Leaders, Inc.

## DAN MORDECAI NURSING SCHOLARSHIP APPLICATION

PLEASE PRINT OR TYPE ALL INFORMATION

### SECTION 1

Name \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

# of School Age Dependents \_\_\_\_\_

Please provide your email account (if you have one):

\_\_\_\_\_  
(Suggestion: Once you have completed and submitted your application to NONL, please send an email to NONL Bus. Mgr. At [webmaster@nonl.org](mailto:webmaster@nonl.org) to let NONL know that you have submitted your scholarship application, and to notify you via email of application receipt, and later of acceptance status, be sure to include your name.)

### SECTION 2

Current  
School \_\_\_\_\_

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dean/Program Director  
\_\_\_\_\_

Identify the degree program in which you are enrolled:

\_\_\_\_\_

Projected date of graduation \_\_\_\_\_

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**SECTION 3**

List current memberships/offices held in professional healthcare-related organizations.

Organization/Address	Contact Person/ #	Office/Position Held (List responsibilities and contributions)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List current job-related certification that you hold (if applicable).

\* You must attach a copy of card or certificate for judging criteria

Certifications	Organization/Affiliation
_____	_____
_____	_____
_____	_____
_____	_____

List community or volunteer service activities (i.e., Church, PTA, Scouts, etc.)

Activity & Date	Contact Person / #	Describe <i>your</i> role
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**SECTION 4**

**\* PLEASE USE A SEPARATE SHEET OF PAPER TO COMPLETE \***

Submit a typed essay, no more than 100 words, indicating why you have chosen nursing as a profession, or why you have chosen to further your education.

**SECTION 5**

Please provide a letter of recommendation from your supervisor or faculty member with your application.

**SECTION 6 Applicant's Certification**

I believe myself eligible for and hereby make application to receive a scholarship administered by the Nevada Organization of Nurse Leaders (NONL). I certify that all statements made in this application are complete and accurate. I understand that:

- Falsification in my application or other attachments will disqualify my application.
- A Selection Committee appointed by NONL will select the scholarship recipient and its decision will be final.

**SIGNATURE**\_\_\_\_\_ **DATE**\_\_\_\_\_