

Mineral

Area



osteopathic

Foundation

**MINERAL AREA OSTEOPATHIC FOUNDATION  
NURSING STUDENT AWARD**

THOSE SUBMITTING APPLICATIONS FOR ADN AND PN NURSING PROGRAM POSITIONS MAY APPLY.

**ELIGIBILITY REQUIREMENTS:**

1. **RECEIVING ACCEPTANCE LETTER/ENROLLED IN THE ASSOCIATE DEGREE NURSING PROGRAM OR THE PROGRAM IN PRACTICAL NURSING FAST-TRACK PN-ADN OPTION B AT MINERAL AREA COLLEGE.**
2. **PROVIDE A TYPED AND DOUBLE-SPACED 1-2 PAGE AUTOBIOGRAPHY; INCLUDE YOUR EDUCATIONAL GOALS AND HOW THIS FINANCIAL AWARD MAY ASSIST YOU TO REACH YOUR EDUCATIONAL GOALS.**
3. **SUBMIT NAMES AND ADDRESSES 2 REFERENCES (PREFERABLY ONE WORK AND ONE PERSONAL)**
4. **ATTEND A PERSONAL INTERVIEW, IF REQUESTED.**
5. **BE WILLING TO BE PHOTOGRAPHED AND HAVE NAME SUBMITTED FOR NEWS RELEASE, IF SELECTED TO RECEIVE AWARD.**

<b>PRINT NAME</b>	<b>SOCIAL SECURITY NUMBER</b> _ _
<b>PHYSICAL ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>PHONE ( ) -</b>	<b>EMAIL ADDRESS</b>
<b>HIGH SCHOOL DIPLOMA: SCHOOL _____ DATE _____ OR GED DATE _____</b>	
<b>SCHOOL/COMMUNITY ACTIVITIES &amp;/OR EMPLOYMENT IN WHICH YOU HAVE PARTICIPATED (INCLUDE DATES)</b> _____	
<b>AWARDS AND HONORS RECEIVED (INCLUDE DATES)</b> _____	
<b>ACT COMPOSITE SCORE _____ COMPASS COMPOSITE SCORE _____</b>	
<b>HOUSING (CIRCLE ONE): RENT OR OWN      NUMBER LIVING IN HOME/APARTMENT _____</b>	
<b><u>SPECIAL CIRCUMSTANCES</u> (PLEASE INDICATE FINANCIAL/MEDICAL/EMPLOYMENT CONDITIONS THAT MAY EXIST IN YOUR FAMILY WHICH MAY AFFECT YOUR ABILITY TO PAY FOR COLLEGE):</b> _____	
<p>I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AM, BY MY SIGNATURE, <b>AUTHORIZING THE RELEASE OF MY GRADE POINT AVERAGE AND OTHER PERTINENT INFORMATION REGARDING MY EDUCATIONAL PLANS TO AWARD SPONSORS</b> FOR PURPOSES OF EVALUATING FINANCIAL AWARD APPLICANTS. THE MAOF MAY MAKE ANY INVESTIGATION CONCERNING THE ABOVE INFORMATION. I AGREE TO PROVIDE DOCUMENTATION FOR THE INFORMATION GIVEN ON THIS FORM. I REALIZE THAT FAILURE TO COMPLY WITH A REQUEST FOR FURTHER INFORMATION MAY PREVENT MY BEING CONSIDERED FOR AWARD:</p> <p>_____</p>	
<b>(DATE)</b>	<b>(APPLICANT SIGNATURE)</b>
<p><b>PLEASE COMPLETE THE ENTIRE APPLICATION, SIGN/DATE, AND RETURN WITH ATTACHED AUTOBIOGRAPHY TO:</b>  <b>MINERAL AREA OSTEOPATHIC FOUNDATION, INC.</b>  <b>C/O UMB BANK, N.A. - MR. ED LANE</b>  <b>2 SOUTH BROADWAY</b>  <b>ST. LOUIS, MO 63102</b></p> <p><b>TO BE CONSIDERED IN THE PRIORITY AWARD PROCESS, THE APPLICATION AND REQUIRED DOCUMENTATION MUST BE POST MARKED NO LATER THAN DECEMBER 16, 2011</b></p> <p><b>NURSING STUDENTS WHO ARE GIVEN FINANCIAL AWARDS WILL BE NOTIFIED BY MAIL AT THE TIME THE AWARD IS MADE</b></p>	

M<sub>ineral</sub>

# Reference for MAOF Award

A<sub>rea</sub>



steopathic

F<sub>oundation</sub>

\_\_\_\_\_ has applied for a financial award at Mineral Area College and has listed you as a reference. Please complete this form and return no later than **DECEMBER 15th** by e-mail or postal mail to the address listed on the back. Referring individuals should not be a relative of the applicant. Your efforts in assisting the MAOF and this applicant are appreciated.

## Applicant Information

Name \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

Home telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ Mobile telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail Address \_\_\_\_\_@\_\_\_\_\_

## Reference Information

Name \_\_\_\_\_ Title/Position \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (city) (state) (zip)

Contact telephone \_\_\_\_-\_\_\_\_-\_\_\_\_ E-mail Address \_\_\_\_\_@\_\_\_\_\_

## Applicant Summary

Relationship to applicant \_\_\_\_\_ : How long have you known this applicant? \_\_\_\_\_ Years/Months  
(Circle one above)

Please describe the applicant's strengths and weaknesses:

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any conduct by the applicant that may indicate a lack of ethics? If so, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Would you want this applicant as your nurse or professional colleague? Why?

\_\_\_\_\_  
\_\_\_\_\_

Please rank this applicant on the following characteristics:

	Outstanding	Good	Average	Poor
Maturity				
Intellectual Ability				
Imagination				
Interpersonal Skills				
Work Habits				
Leadership				
Motivation				

**Summary statement**

Please summarize your recommendation. You may include any additional comments that will assist us in the evaluation of this applicant.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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ST. LOUIS, MO 63102**