

Mineral

Area



osteopathic

Foundation

## MINERAL AREA OSTEOPATHIC FOUNDATION NURSING STUDENT AWARD APPLICATION

UPON ACCEPTANCE TO A NURSING PROGRAM: ELIGIBILITY REQUIREMENTS:

1. **ACCEPTED/ENROLLED IN THE ASSOCIATE DEGREE NURSING PROGRAM OR THE PROGRAM IN PRACTICAL NURSING AT MINERAL AREA COLLEGE.**
2. **PROVIDE A TYPED AND DOUBLE-SPACED 1–2-PAGE AUTOBIOGRAPHY; INCLUDE HOW THIS FINANCIAL AWARD MAY ASSIST YOU TO REACH YOUR EDUCATIONAL GOALS.**
3. **SUBMIT NAMES AND ADDRESSES FOR 2 REFERENCES (PREFERABLY ONE WORK & ONE PERSONAL)**  
**A. REQUEST YOUR 2 REFERENCES TO COMPLETE THE REFERENCE PAGES THAT ARE ATTACHED**
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.**

**APPLICATION AND DOCUMENTATION DEADLINE MARCH 6, 2026**

PRINT NAME	SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS	
DATE OF BIRTH	
PHONE	(EMAIL ADDRESS)
HIGH SCHOOL DIPLOMA: SCHOOL	DATE OR GED DATE
SCHOOL/COMMUNITY ACTIVITIES &/OR EMPLOYMENT IN WHICH YOU HAVE PARTICIPATED (INCLUDE DATES)	
AWARDS AND HONORS RECEIVED (INCLUDE DATES)	
TEAS: _____ OR ACCUPLACER: MATH: _____ READING: _____ WRITING: _____	
HOUSING (CHECK) RENT OR ON OWN NUMBER LIVING IN HOME/APARTMENT	
SPECIAL CIRCUMSTANCES (PLEASE INDICATE FINANCIAL/MEDICAL/EMPLOYMENT CONDITIONS THAT MAY EXIST IN YOUR FAMILY WHICH MAY AFFECT YOUR ABILITY TO PAY FOR COLLEGE; APPLICANTS DO NOT NEED "SPECIAL CIRCUMSTANCES" TO RECEIVE AN AWARD):	
AFTER OBTAINING YOUR NURSING CERTIFICATE/DEGREE, WHERE DO YOU PLAN TO WORK?	
LOCALLY: _____ TRAVELLING: _____ WHERE I CAN FIND A POSITION: _____	
OTHER: _____	
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, AUTHORIZING THE RELEASE OF MY GRADE POINT AVERAGE AND OTHER PERTINENT INFORMATION REGARDING MY EDUCATIONAL PLANS TO AWARD SPONSORS 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:	
(DATE)	(APPLICANT SIGNATURE)
PLEASE COMPLETE THE ENTIRE APPLICATION, SIGN/DATE, AND RETURN PRIOR TO 3/6/26 TO: MINERAL AREA COLLEGE, ALLIED HEALTH DEPT. OFFICE 1314 OR MAIL TO: MINERAL AREA OSTEOPATHIC FOUNDATION, INC. C/O MINERAL AREA COLLEGE, AMY SCHWENT DIRECTOR OF ALLIED HEALTH P.O Box 1000 PARK HILLS, MO 63601	
TO BE CONSIDERED IN THE PRIORITY AWARD PROCESS, THE APPLICATION AND REQUIRED DOCUMENTATION MUST BE <b>POST MARKED NO LATER THAN MARCH 1, 2026</b>	
NURSING STUDENTS WHO ARE GIVEN FINANCIAL AWARDS WILL BE NOTIFIED BY EMAIL AT THE TIME THE AWARD IS MADE	

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# Reference for MAOF Award

(References should be submitted separately from the student application.)

\_\_\_\_\_ 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 **March 6, 2026** by e-mail or postal mail (postmarked by March 1, 2026) 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

Please describe the applicant's strengths and weaknesses:

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

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

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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. (You may use a separate page for your reference statement).

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

### SUBMIT REFERENCE FORM TO:

**MINERAL AREA COLLEGE, ALLIED HEALTH DEPT. OFFICE 1314  
(POSTMARKED BY MARCH 1, 2026)**

**OR MAIL TO:**

**MINERAL AREA OSTEOPATHIC FOUNDATION, INC.  
C/O MINERAL AREA COLLEGE, AMY SCHWENT DIRECTOR ALLIED HEALTH  
P.O Box 1000  
PARK HILLS, MO 63601**

**EMAIL: [ALSCHWENT@MINERALAREA.EDU](mailto:ALSCHWENT@MINERALAREA.EDU)**

**EMAIL DEADLINE: MARCH 6, 2026**

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

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