



Mary Mahoney Professional Nurses Endowment
P.O. Box 22003, Seattle, Washington 98122-0003
Founder, Lois Price Spratlen

SCHOLARSHIP APPLICATION

Legal Name: _____ Student Number: _____
Current Address: _____ Social Security Number: _____

Birth date: _____
Permanent Address: _____ Telephone: _____

Cell phone: _____
Email address: _____ Other contact: _____

EDUCATIONAL INFORMATION

Name of the College or University that you are currently attending: _____

Cumulative Grade Point Average (GPA): _____

Are you currently enrolled in a nursing program? If yes, identify the name of your program:

What degree or degrees have you already completed? ___ ADN ___ AA ___ BS
___ BA ___ Other (please specify) _____

Please list any previous institutions attended:

University/College City & State Dates attended Degree

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EMPLOYMENT HISTORY

Please list most recent employment:

Place of employment *Dates worked* *Job title* *Job responsibilities*

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Place of employment *Dates worked* *Job title* *Job responsibilities*

FINANCIAL INFORMATION

Are you receiving any financial assistance: Yes No

If yes, identify the source and the amount of support: _____

COMMUNITY ACTIVITIES:

Please list organizations and volunteer activities in which you have served:

PLEASE LIST ANY AWARDS OR HONORS YOU HAVE RECEIVED:

OPTIONAL INFORMATION: Female Male

Racial/ethnic affiliation _____

Thank you for applying for this scholarship