

# Office of Nursing Workforce Stipend Program Application Form

## INSTRUCTIONS FOR APPLICATION – Fiscal Year 2022

Before completing this form, carefully review the Office of Nursing Workforce Stipend Program Criteria.

### Student Information (Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Mississippi Nursing License number (if applicable) \_\_\_\_\_

School of Nursing in which you are enrolled \_\_\_\_\_

Program of study \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_

Are you currently licensed as a nurse in Mississippi?  Yes  No

If so, do you work?  Yes, Name of Employer? \_\_\_\_\_  No

Are you receiving additional funding?  Yes, from \_\_\_\_\_  No

**Activities: (membership, committees, offices, special projects, etc.)** attach additional pages as needed

School Activities \_\_\_\_\_

Community Activities \_\_\_\_\_

Awards & Honors \_\_\_\_\_

### DEADLINE FOR SUBMISSION: Wednesday, May 4, 2022

The complete application including the verification letter, essay, and three letters of reference must be **emailed** to [clevy@msbn.ms.gov](mailto:clevy@msbn.ms.gov) (use ONW Stipend Program as the subject line). The student's official transcript must be **mailed** to the Mississippi Board of Nursing/Office of Nursing Workforce, Attn: Christie Levy, 713 S. Pear Orchard Road, Suite 300, Ridgeland, MS 39157.