

MILA WOODINGS MEMORIAL SCHOLARSHIP

Personal Information:

Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

Are you currently a PNA-IN member? Yes ___ No ___ If no, are you willing to join PNA-IN? Yes ___ No ___

Academic Information:

College: _____

Major: _____ GPA: _____

Work Experience *(you may include a resume or attachment if you prefer):*

Extracurricular Activities *(you may include a resume or attachment if you prefer):*

Any other information you would like the scholarship committee to know:

Please include an essay with a minimum of 4 sentences about why you chose to pursue a career in nursing.

This scholarship application is due August 8, 2015. You may submit it at mgwscholarship@gmail.com or 10242 E Co Rd 650 N Brownsburg, In 46112.