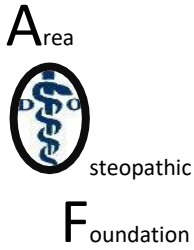


**MINERAL AREA OSTEOPATHIC FOUNDATION
NURSING STUDENT AWARD APPLICATION**



UPON ACCEPTANCE TO A NURSING PROGRAM: ELIGIBILITY REQUIREMENTS:

1. **ACCEPTED/ENROLLED IN THE ASSOCIATE DEGREE NURSING PROGRAM OR THE PROGRAM IN PRACTICAL NURSING FAST-TRACK PN-ADN OPTION B AT MINERAL AREA COLLEGE.**
2. **PROVIDE A TYPED AND DOUBLE-SPACED 1-2 PAGE AUTOBIOGRAPHY; INCLUDE YOUR HOW THIS FINANCIAL AWARD MAY ASSIST YOU TO REACH YOUR EDUCATIONAL GOALS.**
3. **REQUEST AT LEAST 2 PERSONS SUBMIT REFERENCE FORMS (PREFER ONE WORK & ONE PERSONAL) AND FOR THEM TO RETURN TO MAOF VIA UMB (ADDRESS PROVIDED ON FORM) BY DECEMBER 31ST**
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.**

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) _____	
ACT COMPOSITE SCORE _____ COMPASS COMPOSITE SCORE _____	
HOUSING (CIRCLE ONE): RENT OR OWN NUMBER LIVING IN HOME/APARTMENT _____	
<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; APPLICANTS DO NOT NEED "SPECIAL CIRCUMSTANCES" TO RECEIVE AN AWARD): _____	
<u>WHERE DO YOU PLAN TO APPLY FOR EMPLOYMENT AFTER GRADUATION?</u> CIRCLE ONE: LOCALLY / PLAN TO RELOCATE	
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 WITH ATTACHED AUTOBIOGRAPHY TO: MINERAL AREA OSTEOPATHIC FOUNDATION, INC. c/o UMB BANK, N.A. - EDWARD LANE, SVP 2 SOUTH BROADWAY ST. LOUIS, MO 63102	
TO BE CONSIDERED IN THE PRIORITY AWARD PROCESS, THE APPLICATION AND REQUIRED DOCUMENTATION MUST BE POST MARKED NO LATER THAN DECEMBER 31ST NURSING STUDENTS WHO ARE GIVEN FINANCIAL AWARDS WILL BE NOTIFIED BY MAIL AT THE TIME THE AWARD IS MADE	

M_{ineral}

Reference for MAOF Award

A_{rea}



steopathic

F_{oundation}

_____ has applied for a financial award at Mineral Area College and has listed you as a reference. Please complete this form and return 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.

Signature _____ Date _____

**SUBMIT REFERENCE FORMS TO:
MINERAL AREA OSTEOPATHIC FOUNDATION, INC.
C/O UMB BANK, N.A. - EDWARD LANE, SVP
2 SOUTH BROADWAY
ST. LOUIS, MO 63102**