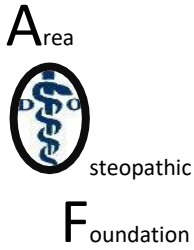


**MINERAL AREA OSTEOPATHIC FOUNDATION  
NURSING STUDENT AWARD APPLICATION**



**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.**

<b>PRINT NAME</b>	<b>SOCIAL SECURITY NUMBER</b> _ _
<b>PHYSICAL ADDRESS</b>	
<b>DATE OF BIRTH</b>	
<b>PHONE ( ) -</b>	<b>EMAIL ADDRESS</b>
<b>HIGH SCHOOL DIPLOMA: SCHOOL _____ DATE _____ OR GED DATE _____</b>	
<b>SCHOOL/COMMUNITY ACTIVITIES &amp;/OR EMPLOYMENT IN WHICH YOU HAVE PARTICIPATED (INCLUDE DATES)</b> _____	
<b>AWARDS AND HONORS RECEIVED (INCLUDE DATES)</b> _____	
<b>ACT COMPOSITE SCORE _____ COMPASS COMPOSITE SCORE _____</b>	
<b>HOUSING (CIRCLE ONE): RENT OR OWN      NUMBER LIVING IN HOME/APARTMENT _____</b>	
<b>SPECIAL CIRCUMSTANCES</b> (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): _____	
<b>WHERE DO YOU PLAN TO APPLY FOR EMPLOYMENT AFTER GRADUATION?</b> 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, <b>AUTHORIZING THE RELEASE OF MY GRADE POINT AVERAGE AND OTHER PERTINENT INFORMATION REGARDING MY EDUCATIONAL PLANS TO AWARD SPONSORS</b> 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: <b>MINERAL AREA OSTEOPATHIC FOUNDATION, INC. c/o UMB BANK, N.A. - EDWARD LANE, SVP 2 SOUTH BROADWAY ST. LOUIS, MO 63102</b>	
TO BE CONSIDERED IN THE PRIORITY AWARD PROCESS, THE APPLICATION AND REQUIRED DOCUMENTATION MUST BE <b>POST MARKED NO LATER THAN DECEMBER 31ST</b> NURSING STUDENTS WHO ARE GIVEN FINANCIAL AWARDS WILL BE <b>NOTIFIED BY MAIL</b> AT THE TIME THE AWARD IS MADE	

M<sub>ineral</sub>

# Reference for MAOF Award

A<sub>rea</sub>



steopathic

F<sub>oundation</sub>

\_\_\_\_\_ 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**