



**MINNESOTA NURSES ASSOCIATION
LABOR EDUCATION SCHOLARSHIP APPLICATION
FOR MNA MEMBERS**

Name _____

Address _____

City/State/ZIP _____

Home Phone _____ Work phone _____

E-mail _____

Describe your past and current level of participation in your local bargaining unit. Include positions you have held, committees on which you have served, or other activities you have participated in to strengthen your unit. (As with all questions on this page, please use an additional sheet if necessary.)

The MNA Labor Scholarship was created to help RNs seek further education in Labor Studies/ Labor Relations. Briefly describe the union leadership goals you hope to accomplish through this educational opportunity.

Please include with the application relevant information regarding the program you would like to attend; i.e., a brochure, flyer, course description, degree requirements, etc.

Name of School/Organization Sponsoring the Program _____

Location _____ Web Site of School/Organization _____

Dates of Program _____

Contact Person for the Program _____

Cost of Tuition _____

Please indicate if this opportunity is classroom on-line
 in-residence other

Please check the type of program for which you are applying:

- Coursework for a Certificate
- Credit coursework for a Bachelor's Degree
- Credit coursework for a Master's Degree
- Other _____

Please provide information about the person you have asked to recommend you. Recommendations are due on the same date as applications. The person completing a letter of recommendation should fax or mail it directly to the MNA office.

Name _____

Title _____ Phone _____

By signing this Application, I understand that in the event I am awarded this scholarship and I do not complete the coursework for which it was intended, I am responsible for refunding the award money back to MNA.

Signature of Applicant Date

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**Please return your completed application to:
Minnesota Nurses Association
345 Randolph Avenue #200, St. Paul, MN 55102
Fax: 651-695-7000
651-414-2800 / 800-536-4662**