Hendricks Family Nursing Advancement Scholarship

The goal of this scholarship program is to provide an educational stipend to facilitate entry into nursing careers for nontraditional students and adult learners on Mount Desert Island. This scholarship/stipend may be used to cover the cost of tuition or other living expenses while attending a nursing program. The Mount Desert Nursing Association will distribute the stipend directly to the student, or through direct payments for tuition/other expenses.

Guidelines:

* Eligibility criteria: Student must be enrolled or enrolling in a program to enter into or advance in a nursing career.
  + Qualifying programs include LPN/RN/CNA/medical assistant programs. Other programs will be considered, but advanced practice nursing programs are not eligible at this time.
  + 2-year, 4-year, part-time, or full-time programs are acceptable
  + Please inquire if you are unsure whether your program qualifies
* 1-2 recipients will be selected each year based on their application
  + Greater weight given to adult learners and students with financial need
  + The selection committee will consist of representatives from MDI Hospital, the Mount Desert Nursing Association, and a member of the Hendricks family. Dr Hendricks, as the donor, will not be involved in the selection process.
* Successful applicants can reapply the following year and receive consideration.
* Scholarship/stipend amount is up to $10,000 every year.
  + To receive the first half the yearly distribution, the recipient needs proof of acceptance to a qualified program. The second half of the funds will be distributed mid-year with proof of continued enrollment.
  + Amount and distribution schedule may be adjusted for the specific program

Application Process:

* Submit application to [Patricia.Thurlow@mdihospital.org](mailto:Patricia.Thurlow@mdihospital.org) by September 15th, 2025:
  + Completed application form
  + Resume/Curriculum Vitae outlining your work and educational experience
  + A Personal Statement (no more than one page) describing your interest in nursing/healthcare, future career goals, your connection to the MDI community, and what this scholarship would mean to you.
  + Statement of financial need (no more than 1-2 paragraphs) describing how this scholarship will enable you to obtain your educational/career goals. No specific financial information is required, but this will be used to ensure that the scholarship goes to a student who can benefit from the financial support.
* All applications will be reviewed by the committee and applicants will be notified by October 1st.

**Application Form**

**First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Info for Nursing Program**

**Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree/licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full-time/Part-time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference**

Please share the name and contact information of a professional reference. This can be a current or former supervisor, colleague, teacher, or someone else who can speak to your potential in a nursing career.

**Reference Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reference phone or email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**