

**Mothers in Prayer International Inc. -- MIP**

45 South Shore Road  
Salem NH 03079  
407-595 7341

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**Marie Mona Joseph Nursing Scholarship Application**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_, City: \_\_\_\_\_

State: \_\_\_\_\_, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Current School: \_\_\_\_\_

Are you a previous recipient? Yes ( ) No ( )      What year:

Nursing Program: (circle one): LPN   RN   BSN

Church affiliation: \_\_\_\_\_

Clergy/Pastor name: \_\_\_\_\_

How do you plan to use this scholarship fund?

\_\_\_\_\_

Please send letter of recommendation from your clergy, completed application, essay, letter of acceptance into the nursing program or transcript (can be informal) to:  
mothersinprayerint@gmail.com