**Criteria for the Kathryn M. Mershon Nursing Faculty Scholarship 2019**

The scholarship for $500 is being awarded in honor of Kathryn M. Mershon, president of Mershon Company, Louisville, Kentucky. Kathyrn Mershon has served the citizens of the Commonwealth of Kentucky and the National League for Nursing for many years. Through her activities and innovative programs, Ms. Mershon has played a major role in enhancing nursing education and professionalism. This scholarship is awarded annually as a one-time only gift to qualified nurse applicants.

Criteria:

The minimum qualifications for the award are as follows: The applicants must have:

* current membership in the Kentucky League for Nursing and be a participant in the Annual Meeting of the KLN
* an active, unrestricted Kentucky nursing license
* been accepted into an accredited graduate level program leading to a degree in Nursing or related field at either the masters or doctoral level
* the intention of remaining in the Commonwealth of Kentucky to teach in an undergraduate or graduate level program of nursing.
* additional documents as noted on the application form

Recipient will be required to submit transcript demonstrating graduate degree course progression. Failure to submit documentation within one year of award will require return of scholarship.

Recipients agree to present their work in the form of a poster or podium presentation during the KLN Annual Conference for the following year.

Scholarships will be awarded during the Annual Meeting of the Kentucky League for Nursing. Recipient must be present to receive award.

**Return all required documentation before extended date of April 15, 2019 to:**

[kyleaguenursing@yahoo.com](mailto:kyleaguenursing@yahoo.com)

*The scholarship will be awarded to a qualified applicant regardless of age, sex, race, religion, or political affiliation*

**Kathryn M. Mershon Faculty Scholarship Application 2019**

PLEASE PRINT OR TYPE

Name:

(First) (Last)

Address:

(Street) (City) (State) (Zip)

Telephone: Home/Cell ( ) Email:

Are you a current member of the Kentucky League for Nursing? Yes No

Do you hold a current KY nursing license? Yes No KY License #   
  
Major/Degree Program/School:   
  
Credit Hours completed: Date Degree Expected:   
  
Current employment:   
  
Please attach the following documents:

1. One letter of recommendation
2. Curriculum vitae
3. Current transcript indicating registration for a graduate degree program or copy of letter of acceptance.
4. Typed response to the following question:

Describe how you intend to promote professional practice in nursing education, both in theory and engagement in professional organizations

Date: Applicant’s Signature:

*The scholarship will be awarded to a qualified applicant regardless of age, sex, race, religion, or political affiliation*