



DR. MARIA LINA “BING” WOOD MEMORIAL SCHOLARSHIP FOR ADVANCE EDUCATION NURSING STUDENTS

The Dr. Maria Lina “Bing” Wood Memorial Scholarship Award is sponsored by the Miami Children’s Hospital Nursing Department to promote advanced education within the Nursing profession. The scholarship is awarded to nursing students.

The following are the eligibility criteria set by the Scholarship Committee during the selection process:

- Maintain employee benefit status, whether fulltime or part time.
- Hold a current Florida nursing license.
- Have proof of being enrolled in an approved accredited nursing program.
- Submit a letter of acceptance into the nursing program.
- Submit at least 2 letters of reference.
- Complete an essay with a minimum of 350 words describing your influence and future goals as a Magnet nurse. Essay must demonstrate how you bring the Magnet Model alive in your nursing practice through *at least one* of the Magnet principles such as professional engagement, commitment to professional development, community involvement, nursing recognition, the Professional Practice Model (PPM), diversity & workplace advocacy, culture of safety, staffing/budgeting processes, quality care monitoring & improvements, evidence based practice (EBP) & Nursing Research, and innovations in nursing practice.
- Submit current CV or resume.
- Complete and submit scholarship application by **April 15**.

General information:

- Scholarships will be presented during Nurses’ Week Ceremony.
- Amount of scholarship is \$2,000.
- Presenting at the Pediatric Nurses Week
- Submit your application and all files via email to Nursing.Scholarships@nicklaushealth.org.



**SCHOLARSHIP APPLICATION FOR
DR. MARIA LINA "BING" WOOD MEMORIAL SCHOLARSHIP
FOR NURSING STUDENT ADVANCED EDUCATION**

Name: _____

Date of Birth: _____

Address: _____

Employee #: _____

Hire date: _____

Years of service at NCHS: _____

Benefit position: Yes No

Department: _____

Member of a Nursing Council: Yes No

Name of Council: _____

Nursing License issued date: _____

Number of years in Nursing Profession: _____

Professional organization memberships:

- | | | |
|-------|--|---------------------------------------|
| _____ | <input type="checkbox"/> Active member | <input type="checkbox"/> Board member |
| _____ | <input type="checkbox"/> Active member | <input type="checkbox"/> Board member |
| _____ | <input type="checkbox"/> Active member | <input type="checkbox"/> Board member |
| _____ | <input type="checkbox"/> Active member | <input type="checkbox"/> Board member |
| _____ | <input type="checkbox"/> Active member | <input type="checkbox"/> Board member |

Certifications: _____

College/School of Nursing currently enrolled: _____

Under graduate degree: _____ From: _____

Expected date of graduation: _____

Attach essay (minimum of 350 words) describing your influence and future goals as a Magnet nurse.

I certify that the information contained herein is true and correct.

Signature

Date

APPLICATIONS MUST TO BE DELIVERED TO THE STAFFING OFFICE DROP BOX OR SENT VIA [EMAIL](#) NO LATER THAN: APRIL 15TH. APPLICATIONS RECEIVED AFTER THE DEADLINE CANNOT BE CONSIDERED.