

Kentucky League for Nursing

Criteria for the Kathryn M. Mershon Nursing Faculty Scholarship

The scholarship is being awarded in honor of Kathryn M. Mershon, president of Mershon Company, Louisville, Kentucky. Kathryn 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 accredited 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.

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 to:

Kentucky League for Nursing
Kathryn M. Mershon Nursing Faculty Scholarship
P.O. Box 1579
Berea, KY 40403

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



P.O. Box 1579 • Berea, KY 40403 • (859) 985-5355

Kentucky League for Nursing Kathryn M. Mershon Faculty Scholarship Application

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: _____