



10. Will you be pursuing a Doctorate degree in Nursing with an emphasis on nursing education?  
Yes \_\_\_\_\_ No \_\_\_\_\_

11. How many hours have you already completed in your Doctorate Degree in Nursing program? \_\_\_\_\_

12. How many hours will you plan to enroll during the Spring 2017 semester? \_\_\_\_\_  
During the Fall 2017 semester? \_\_\_\_\_

13. Do you plan to teach nursing education in a Kansas College? Yes\_\_\_\_ No\_\_\_\_

14. Name of Nursing Program in Kansas you plan to teach at after completing Doctorate Degree in Nursing program. \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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### **Section C: Certification and Release of Information**

Applicant: Sign and date the certification and the authorization for release of information.

I affirm that the information reported is complete, accurate, and true to the best of my knowledge.

I have authorized nurse administrator, director, chair or dean of the nursing program to release the information requested to the Kansas State Board of Nursing for the purpose of determining eligibility for the Dr. Nancy Mosbaek Doctorate in Nursing Scholarship.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## **Dr. Nancy Mosbaek Doctorate in Nursing Scholarship Application Instructions**

The Dr. Nancy Mosbaek Scholarship is for students enrolled in a doctorate degree in nursing with emphasis on nursing education. One scholarship for \$500.00 will be awarded and is to be used for school expenses. The completed application must be postmarked no later than **November 11, 2016**. Funds will be awarded March 29, 2017 at the Board Meeting.

Send to:

Kansas State Board of Nursing  
Attn: Dr. Nancy Mosbaek Scholarship  
900 SW Jackson, Suite 1051  
Topeka, KS 66612-1230

### **Eligibility Criteria**

- Must be a resident of Kansas
- Must be enrolled full-time in nursing courses at a Kansas college or university

### **Application Instructions:**

- Type or print (in blue or black ink) on the application form
- Complete Sections A, B, C and D
- Give Section D to your program's nurse administrator, nursing program director, chair or dean, for their completion and submission
- Submit Sections A, B, and C to the Kansas State Board of Nursing. Postmarked no later than **November 11, 2016**

If you have questions, email [mary.blubaugh@ksbn.state.ks.us](mailto:mary.blubaugh@ksbn.state.ks.us) or call Mary Blubaugh MSN, RN (785) 296-5752.

**Section D: Part 1**  
**Student Status Verification**  
**Release of Information Form**

Applicant, please sign and give to the nurse administrator, director, chair or dean of your nursing program.

\_\_\_\_\_  
Applicant Last Name

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

I authorize school officials to release the information requested to the Kansas State Board of Nursing for the purpose of determining eligibility for the Dr. Nancy Mosbaek Doctorate in Nursing scholarship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

