



Florida Nurses Association South Region
Miami-Dade, Broward and Monroe Counties

January 2019

Elizabeth Olafson
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Miami, FL 33199
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FNA South Region is pleased to announce the availability of **several Nursing Scholarship Awards** for the year 2019. I have attached the application along with the scholarship guidelines. The student nurse scholarship is for students who can verify that they are **sophomores (in an Associate Degree Program), currently enrolled in an Accelerated BSN Program, RN to BSN program, or juniors (in a Baccalaureate Degree Program).** Please share the applications with eligible students and encourage them to apply as soon as possible. **The deadline is for applications to be postmarked no later than 3/1/2019.** Please have them submit the complete applications with letters of reference to the address above.

The finalists will be notified and will be the guests of FNA South Region at our 9th Annual Symposium and Awards Ceremony where they will be recognized for their achievements:
Recipient must attend event to be eligible for award.

Date of Symposium:
**9th Annual South Region
Florida Nurses Association
Symposium and Awards Ceremony
Saturday April 13, 2019
Location: Gulfstream Park Sport of Kings Theatre
901 S. Federal Highway Hallandale Beach, FL 33009**

Any inquiries can be made at:
eolafson@fiu.edu

Thank you for your attention and cooperation,

Sincerely,

Elizabeth Olafson, MSN, MEd, RN
Chairperson, Scholarship Committee
FNA South Region

Miami-Dade, Broward, and Monroe Counties

2019 APPLICATION FOR UNDERGRADUATE REGISTERED NURSE STUDENT SCHOLARSHIP

Name _____ Birth Date _____ Phone _____

Address: _____ Email address* _____

(Street) (City) (Zip)

Marital Status: Single ___ Married ___ Widowed ___ Divorced ___ Other _____

If either parent is a member of FNA South Region give name(S) _____

Have you or any of your family been employed or attended school at Jackson Health Systems/
Jackson School of Nursing please list which _____ Relationship and When _____

Length of residence in Broward/Miami-Dade/Monroe County _____

Number of Dependents _____ Give relationship _____

College/School of Nursing attending _____

Expected date of graduation _____ **Attach current unofficial transcript of grades!**

Submit **two letters of reference** to be mailed with your application. (With at least one letter written by a current faculty member from your College/School of Nursing)

Place of employment of applicant: _____ annual income of applicant \$ _____

Spouse's name and place of employment _____

_____ Annual financial support from spouse: \$ _____

Do you receive any other benefits e.g., scholarship, social security, veterans? _____

If yes: Amount received \$ _____ Year _____

Have you received a student loan? _____ If yes: Amount \$ _____ Year _____

Send an essay with this application and tell us about you. Include in your essay your reason for seeking financial aid and why you are the best applicant. (Remember, only students within Miami-Dade, Broward and Monroe Counties are eligible). All letters may be sent in the same mailed packet as the application and unofficial transcript. **Recipient must attend the event to be eligible for an award.**

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

(Date)

(Signature)

Mail completed application to the below address:

Florida International University
College of Nursing and Health Sciences
Elizabeth Olafson
11200 SW 8th Street MMC AHC3 Room # 134
Miami, FL 33199

*Email required for notification purposes

****APPLICATION MUST BE POSTMARKED or delivered NO LATER THAN 3/1/2019****

Email any questions to eolafson@fiu.edu