

Dr Sarah Fishman Memorial Scholarship

For MSN/DNP/PhD Level Nursing Students

Elizabeth Olafson
11200 SW 8th Street
AHC3 Room # 134
Miami, FL 33199
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Dear Deans and Nursing Administrators,

Nurses Charitable Trust is pleased to announce the availability of **the Dr Sarah Fishman Memorial Scholarship** for the year 2019. For many years, Dr Sarah Fishman was a loyal member of the Florida Nurses' Association and a Trustee of the Florida Nurses Foundation. Dr Fishman was an educator and expert in the field of Geriatrics. Dr Fishman leaves a legacy of knowledge and caring throughout the Nursing Community. Dr Fishman's legacy lives on through this scholarship which is made possible through the generous contribution of her sister Barbara Barron to the Nurses Charitable Trust.

The scholarship is for students who can verify that they are **enrolled in a MSN/DNP/PhD Level Nursing Program**. Please distribute the application and encourage eligible persons to apply as soon as possible. **Applications must be postmarked no later than 3/1/2019.** Please direct applicants to submit their completed applications with letters and unofficial transcripts to the address noted on the application. The finalists will be notified and invited to be the guests of Nurses Charitable Trust at our 9th Annual Symposium and Awards Ceremony where they will be recognized for their achievements

Attendance at the event is required for the 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

Direct inquiries to:

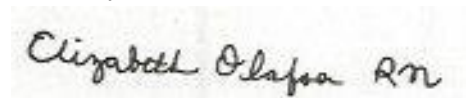
Elizabeth Olafson

eolafson@fiu.edu

(305) 348-7735.

Thank you for your attention and cooperation,

Sincerely,



Elizabeth Olafson, MSN, MEd, RN-BC

Chairperson, Scholarship Committee

Dr Sarah Fishman Memorial Scholarship

For MSN/DNP/PhD Level Nursing Students

Nurses Charitable Trust

Name _____ Birth Date _____ Phone _____

Address: _____

(Street) (City) (Zip)

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

Are you a member of FNA? _____ *Email address _____

Other professional organization memberships: _____

Spouse name and place of employment _____

Place of applicant's employment: _____ Annual income of applicant \$ _____

Number of Dependents _____ Give relationship _____

School/University Nursing program attending _____

Undergraduate degree: _____ From: _____

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

Submit **two letters of reference** with your application and mail to the address below (One from current faculty member, from your College/School of Nursing, and one from supervisor or colleague). In addition include a personal statement which will inform the committee about you. Include in your statement the reasons you are seeking financial aid and why you are the best applicant. All letters may be sent in the same mailed packet as the application and transcript.

Attendance at the event is required for the award.

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 _____

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
AHC3 Room # 134
Miami, Fl 33199

*Email used for notification of award

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

Email any questions to elafson@fiu.edu