

Florida Nurses Foundation Scholarship Application

A. PERSONAL INFORMATION

Florida County of Residence: _____ No. Years Residing in this County: _____

RN license number (if already licensed): _____ Date of Birth: _____

Dependents

Who depends on you for financial support? Please explain the relationship of your dependent(s) but do NOT include their names:

Dependent's Relationship to You (e.g., child, parent, spouse)	Explain Financial Dependence	Age

Annual Income

	Source	Amount
Applicant		
Spouse		
Other		
Total Annual Income		

B. PLANS FOR STUDY

College or University of Attendance: _____

County of College/University: _____ Attendance: Part-time Full-time

Beginning Date: _____ Expected Graduation Date: _____

What nursing degree are you pursuing?

- Associate degree Master's
- BSN (basic student; not yet licensed as RN) Doctoral Candidate
- BSN (RN to BSN)

Area of specialty or focus (if available): _____

GPA of last semester in nursing program: _____

C. EDUCATIONAL HISTORY

School	City/State	Dates Attended	Degree/Diploma

D. EXPERIENCE

List employment for the past 5 years, beginning with the most recent

Employer, City, State	Major Responsibilities	Dates

E. FUNDING

List any fellowships, scholarships or loan funds from other sources for which you have applied and/or received

Name	Source	Amount

F. PROFESSIONAL ACTIVITIES

List professional organizations of which you are currently a member, any offices held, and extent of your involvement

Organization	Office	Involvement

List honor societies, civic organizations, or charitable/community groups of which you are currently a member and state type and extent of your involvement

Organization	Office	Involvement

List books, publications (e.g., articles or pamphlets) you have authored (attach if possible)

Title	Where Published	Date

G. STATEMENT OF NEED

Use this page to compose a statement indicating why it necessary for you to receive a Florida Nurses Foundation scholarship. Statement should not exceed one single-spaced page. Do not include your name or identifying information.

H. GOALS AND POTENTIAL FOR CONTRIBUTION

Use this page to compose a statement stating your goals and your assessment of your potential for making a contribution to nursing and society. Statement should not exceed one single-spaced page. Do not include your name or identifying information.

The APPLICATION DEADLINE IS JUNE 1st of the current application year. No exceptions will be made for late applications.

Incomplete application packets and those uploaded after June 1 will not be reviewed. Completed applications include this application form, as well as all items listed in the Scholarship Guidelines: Application Checklist which can be found on the Scholarships and Grants page of www.floridanurse.org.

You are requested to make a copy of this application and other application materials for your records. The original and all supporting documents are to become the property of the Florida Nurses Foundation and are not returnable. If additional space is necessary to answer any of our questions, please feel free to add pages (not including the Statement of Need or your Goals or Potential for Contribution).

It is the responsibility of the applicant to be sure that current official transcripts are delivered to the Florida Nurses Foundation by the deadline date of June 1st or your packet will be considered incomplete and ineligible for review.

Once you upload your application packet, you will receive a confirmation email of receipt from the Florida Nurses Foundation. Please keep this receipt for your records.

Notification of award recipients will begin approximately August 15th. Please do not call before August to see if you have received a Florida Nurses Foundation scholarship. Thank you for your consideration.