
Florida Nurses Foundation / Palm Beach County Friends of Youth Services Nursing Scholarship

PURPOSE:

Encourage Palm Beach County residents to pursue a registered nurse education and study and work in the county.

AWARD:

\$4,500 annually for 2 years per recipient. Distributed directly to the institution as per the institutions' academic calendar.

GUIDELINES:

1. Residents of Palm Beach County are given priority.
2. Priority is given to an individual who attends or has attended a Palm Beach County secondary school.
3. Applicant must be accepted to attend a Palm Beach County nationally accredited associate degree nursing program (see list below for eligible programs).
4. Recipient must maintain a passing grade throughout the nursing program's academic progression.
5. Recipient must pledge to work for at least two (2) years in Palm Beach County or repay the scholarship to Friends of Youth Services of Palm Beach County.
6. Communicate (at least bi-annually) with the donors indicating personal goals in the nursing field:
 - Upon receiving the scholarship
 - At conclusion of the degree
 - After completion of two (2) years of employment

ELIGIBLE NURSING PROGRAMS:

- Academy for Nursing and Health Occupations
- Bethesda College of Health Sciences
- Palm Beach State College
- HCI College - West Palm Beach
- International College of Health Sciences
- Keiser University - West Palm Beach

Florida Nurses Foundation FOYS Nursing Scholarship Application APPLICATION CHECKLIST

Below are the components required for your scholarship application. Please carefully review each section and ensure all requested documentation is completed and included. Applications submitted without all required materials will be considered incomplete and will not be reviewed.

All materials, except for your official transcript, **must be emailed in ONE email to fnaoffice@floridanurse.org by June 1.**

ITEM	SPECIFICATIONS
1. Personal ID Form	<p>“Face sheet” of your application - this is the only form that will include identifying information and will be used to match the rest of your blinded materials to you. Form must be signed.</p>
2. Application Form	<p>Body of the application. Be sure to complete every field with requested information as best you can. If additional space is necessary to answer any of the questions, you may add pages (not including the Statement of Need or Statement of Goals).</p> <p>You must write a Statement of Need and a Statement of Goals/Potential for Contribution. Space is provided in the application form. Do not exceed the space provided for each.</p>
3. Two Letters of Reference	<p>Include references from individuals who can address your academic aptitude, scholarship, seriousness of purpose, and/or your clinical expertise. Be sure that your name is NOT included on either of your reference letters. TWO references are required.</p>
4. Validation of Florida Residency	<p>Upload a copy of current driver’s license or voter registration card. If issued within the past year, you must provide other proof of residency. Contact fnaoffice@floridanurse.org for additional acceptable proofs of residency.</p>
5. Current OFFICIAL Transcript*	<p>Must be mailed directly from your school or in an envelope signed and sealed by a school official. Mail to Florida Nurses Foundation, P.O. Box 536985, Orlando, FL 32853-6985. You are responsible for ensuring it is delivered by the June 1st deadline.</p> <p>*This is the only document that will not be email with the rest of the application materials.</p>

Florida Nurses Foundation FOYS Nursing Scholarship PERSONAL ID FORM

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Zip: _____

Email: _____ Best Phone: _____

Application Agreement (Signature Required)

Please initial by the statements you agree with and sign at the bottom.

Scholarship Funds and Follow-Up

_____ Should I be awarded funds and withdraw from my nursing program before completing the semester/year for which this scholarship applies, I pledge to repay to Florida Nurses Foundation the sum advanced. **(REQUIRED)**

_____ Should I be awarded funds, **I pledge to work for at least two (2) years in Palm Beach County** or repay the scholarship to Friends of Youth Services of Palm Beach County. **(REQUIRED)**

_____ Should I be awarded funds, **I agree to communicate bi-annually with the Friends of Youth Services and Palm Beach County, Inc.** indicating my goals in the field. **(REQUIRED)**

_____ Should I be awarded funds, I agree to participate for up to three years of follow-up allowing the Foundation to check on the status of my educational progress. **(REQUIRED)**

Publication of Name and Image Preference (Select One)

_____ I agree that my name and image may be used for public relations purposes (e.g., Florida Nurses Association and Florida Nurses Foundation publications, press releases to news media).

_____ I would prefer that my name **not be** used for public relations purposes.

This will not affect the scoring of your scholarship application.

Signature: _____ Date: _____

Florida Nurses Foundation FOYS Nursing Scholarship APPLICATION FORM

A. PERSONAL INFORMATION

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

Family

List all family members. Please explain the relationship but do NOT include their names:

Relationship to You (e.g. parent, brother/sister, spouse, child)	Explain Financial Dependence (if applicable)	Age

Annual Family Income

	Source	Amount
	Mother	
	Father	
	Spouse (if applicable)	
	Applicant	
	Other	
	Total Annual Income	

B. PLANS FOR STUDY

College or University of Attendance or Acceptance: _____

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

Beginning Date: _____ Expected Graduation Date: _____

Pursuing an Associate Degree? Yes No

C. EDUCATIONAL HISTORY

High School Attending /Attended: _____

Scores (if applicable): SAT _____ ACT _____ TEAS _____ GPA: _____

School	City/State	Dates Attended	Degree/Diploma

D. EXPERIENCE (if applicable)

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

Employer, City, State	Major Responsibilities	Dates

E. FUNDING

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

Name	Source	Amount

F. SCHOOL, COMMUNITY/PROFESSIONAL ACTIVITIES

List school, honor societies, civic organizations, or charitable/community groups of which you are currently a member, any offices held, and extent of your involvement

Organization	Office	Involvement

G. STATEMENT OF NEED

Use this page to compose a statement indicating why it is necessary for you to receive a Florida Nurses Foundation/Friends of Youth Services of Palm Beach County 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.

Florida Nurses Foundation FOYS Nursing Scholarship Application LETTERS OF REFERENCES

As part of your application, you are required to submit **two letters of reference**. Please follow these steps to ensure your references meet the application requirements.

Identify Your References

- Select two individuals who can provide a strong reference for your application.
- Your references should be able to comment on your **academic aptitude, scholarship, and potential for success in nursing**.

Provide Guidelines to Your References

- Share the following information with each reference:
 - They must address your **academic aptitude and scholarship**, as well as your **potential for contribution to the nursing profession and society**.
 - They should **not include your name** anywhere in the reference to maintain a blind review process.
 - They should identify their **name, position/organization**, and their **relationship to you**.
 - They must include their **email address** and a **phone number** where they may be reached for verification purposes.

Collect the Completed References

- Ask your references to return their completed forms or letters directly to you.
- Ensure you receive them in time to include them with your complete application packet.

Your application will not be considered complete without the two references. Be sure to communicate clearly with your references and allow enough time for them to complete their letters.

Florida Nurses Foundation FOYS Nursing Scholarship Application SUBMISSION INSTRUCTIONS

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 **Application Checklist**.

You are encouraged 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 your responsibility to ensure that **current official transcripts** are delivered to the Florida Nurses Foundation by the **June 1st deadline**. Applications without transcripts 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 scholarship recipients will begin around **August 15th**. Please refrain from calling before August to inquire about the status of your application.

Thank you for your interest in the Florida Nurses Foundation scholarships and for adhering to these submission guidelines.

Email completed application materials to fnaoffice@floridanurse.org by June 1.
Please send ONE email with all requested documentation.