# FNSA SCHOLARSHIP APPLICATION

All FNSA members enrolled in nursing courses and all recent graduates are eligible for an FNSA scholarship. The source of all FNSA Scholarships will be the Florida Nurses Association Foundation. The FNSA Treasurer will coordinate all Scholarship awards and The Executive Board will establish the total amount available for scholarships

The selection process will be handled by the Scholarship Selection Committee, appointed by the FNSA Treasurer and will consist of one consultant from each Region if possible. The chair of the selection committee will be a member of the Florida Nurses Foundation if possible. The following scholarships will be awarded:

1. There will be one (1) **Heather Scaglione Leadership Scholarship**, (1) **Claydell Horne Leadership Scholarship**, (1) **Willa Fuller Leadership Scholarship**, (1) **Mary Tittle Leadership Scholarship**, (1) **Paula Massey Leadership Scholarship** for outstanding individual contributions to FNSA and NSNA. (1) **The Carol Petrozella Educational Leadership Award** for any individual interested in going into Nursing Education. These awards will be $500.00 each.
2. Applicants must currently be enrolled in Nursing courses in the State of Florida or be a recent graduate (current year).
3. A letter of recommendation from the Chapter Consultant or Dean/Director must accompany the application to indicate the applicant’s level of activity in FNSA/NSNA.
4. There will be one (1) Helen Ann Dean Scholarship which will be based on funds raised during the year through Sustaining Membership and Pennies PRN.
5. Applicants must currently be registered in Nursing courses in the State of Florida or be a recent graduate (current year).
6. A statement from the Chapter Consultant or Dean/Director must be presented to indicate the applicant’s level of FNSA Chapter activity.

*(Application for Section A & B above must include a one page typed essay. Discuss your contributions to and your personal gain from NSA membership. Discuss how you plan to contribute to your professional organization(s) in the future.)*

1. There will be several \* FNSA Scholarships determined by the amount of monies available. The amount of each award will be determined by the Scholarship Selection Committee. These scholarships are based on financial need. The Selection Committee will be responsible for establishing the number of scholarships and the value of each scholarship. *Application for FNSA Scholarship must include a financial statement (see page 119).*
2. Applicants must currently be enrolled in nursing courses in the State of Florida.
3. Proof of financial need is required. This shall be determined by information submitted by the student using the award application and including the financial page.
4. **Please place application on 1 side of paper only (front only).**

**Do NOT put 2 pages on 1 sheet of paper (front and back). Thank you.**

**The deadline for all applications is the first night of the FNSA Annual Convention by 7 PM. It is mandatory that applications be brought to convention and submitted at the Registration Desk between the hours of 5 pm – 7 pm. This information will be announced in the first House of Delegates. Make sure you receive a receipt for your application.**

**Cover sheet: Complete for all Scholarship Applications**

**Complete the following information for all scholarship applications**.

Check the scholarship(s) for which you are making application. **Application must be legible and complete to be considered.**

* FNSA Scholarship (financial need)
* Helen Ann Dean (leadership at local/state level) (only if funds are available)
* Heather Scaglione (leadership at state/national level)
* Dr. Claydell Horne (leadership at state/national level)
* Willa Fuller (leadership at state/national level)
* Mary Tittle (leadership at state/national level)
* Paula Massey (leadership at state/national level)
* Carol Petrozella Scholarship (Interest in Nursing Education)

Semester in Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_ Nursing GPA: \_\_\_\_\_\_\_

Are you a member of NSNA/FNSA? \_\_\_\_Yes \_\_\_\_no

If yes: NSNA Member Number: \_\_\_\_\_\_\_\_\_\_\_\_\_Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The **deadline for all applications is Thursday, October 15th**. *Applications must be emailed to Nicole Petro at* [*FNSATreasurer@gmail.com*](mailto:FNSATreasurer@gmail.com) *with a cc to* [*wfuller@floridanurse.org*](mailto:wfuller@floridanurse.org)

*Do Not Use (for Committee use only)*

*Application # \_\_\_\_\_\_\_\_\_*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I verify that the information stated in this application is factual.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

Faculty/Consultant Signature (student or recent graduate is in good standing with your academic institution) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Do Not Use (for staff use only) Application # \_\_\_\_\_\_\_\_\_*

Membership in professional organizations and/or community organizations (NSNA, FNSA, NSNA)

*Organization Year Office/ Committee/ Participation*

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List contributions you have made to your school and /or community as a Nursing Student Association Member.

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List any awards or honors you have received related to your college and/or NSA involvement.

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**Application for FNSA Scholarship must include a financial statement (see page 119).**

**Application for Helen Ann Dean, Chloe Trammel, Heather Scaglione, Dr. Claydell Horne, Willa Fuller, Carol Petrozella, Mary Tittle, or Paula Massey awards must include a one page typed essay. Discuss your contributions to and your personal gain from NSA membership. Discuss how you plan to contribute to your professional organization(s) in the future.**

**Financial Statement for FNSA Scholarship Only**

Estimate your income for upcoming year:

Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List your other financial sources

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who depends on you for financial support? Please explain.

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Other types of financial aid received (grants, loans, scholarships):

Type Annual Amount Repayable (yes or no)

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Give a brief statement of financial need/reason for seeking financial assistance:

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From January 1, 2019 to October 1, 2019. Please list your Income sources**.**

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**Total Income (a) $\_\_**\_\_\_\_\_\_\_\_

**FNSA Scholarship Application Form** (*Cont.*)

From January 1, 2019 to October 1, 2019. Please list your expenses.

Housing \_\_\_\_\_\_\_\_\_\_

Transportation \_\_\_\_\_\_\_\_\_\_

Medical/Dental \_\_\_\_\_\_\_\_\_\_

Tuition/Books \_\_\_\_\_\_\_\_\_\_

Utilities \_\_\_\_\_\_\_\_\_\_

Child Care \_\_\_\_\_\_\_\_\_\_

Care Payment/Insurance \_\_\_\_\_\_\_\_\_\_

Miscellaneous expenses (List):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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**Total** **(b)**  \_\_\_\_\_\_\_\_\_\_

**Net Available Income** (Subtract b from a) **Amount** \_\_\_\_\_\_\_\_\_\_

I hereby certify that the information submitted in this application is accurate and that I am currently enrolled in an ADN or BSN nursing program within the State of Florida:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Printed Name Consultant verifying information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Consultant’s signature

*Do Not Use (for staff use only)*

*Application # \_\_\_\_\_\_\_\_\_*