



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

January 2017

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 2017. I have attached the applications 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, or juniors (in a Baccalaureate Degree Program)**. Please share the application with eligible students and encourage them to apply as soon as possible. **The deadline is for applications to be postmarked no later than 2/11/2017.** 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 7th 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: **Saturday March 25, 2017**
Gulfstream Park Sport of Kings Theatre
901 S. Federal Highway
Hallandale Beach, FL 33009

Any inquiries can be made at:
eolafson@fiu.edu
(305) 348-7735.

Thank you for your attention and cooperation,

Sincerely,

A handwritten signature in black ink that reads 'Elizabeth Olafson RN'.

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

Miami-Dade, Broward and Monroe Counties

2017 APPLICATION FOR STUDENT REGISTERED NURSE 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 _____

Spouse's name and place of employment _____

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)

Annual financial support from spouse: \$ _____

Total annual income of applicant: \$ _____

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 a letter with this application, which tells us about you and gives 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 transcript. **Recipient must attend event to be eligible for 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 2/11/2017****

*Email any questions to eolafson@fiu.edu