



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

November 2017

Elizabeth Olafson  
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FNA South Region is pleased to announce the availability of **several Nursing Scholarship Awards** for the year 2018. 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, RN to BSN program, or juniors (in a Baccalaureate Degree Program)**. Please share the applications with eligible students and encourage them to apply as soon as possible. **The deadline is for applications to be postmarked no later than 3/1/2018.** 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 8<sup>th</sup> 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:  
**8th Annual South Region  
Florida Nurses Association  
Symposium and Awards Ceremony  
Saturday April 14, 2018  
Location: Gulfstream Park Sport of Kings Theatre  
901 S. Federal Highway Hallandale Beach, FL 33009**

Any inquiries can be made at:  
eolafson@fiu.edu

Thank you for your attention and cooperation,

Sincerely,

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

**2018 APPLICATION FOR UNDERGRADUATE REGISTERED NURSE STUDENT 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 an essay with this application and tell us about you. Include in your essay 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 unofficial transcript. **Recipient must attend the event to be eligible for an 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 8<sup>th</sup> Street MMC AHC3 Room # 134  
Miami, FL 33199

\*Email required for notification purposes

**\*\*APPLICATION MUST BE POSTMARKED or delivered NO LATER THAN 3/1/2018\*\***

\*Email any questions to [eolafson@fiu.edu](mailto:eolafson@fiu.edu)