

# FLORIDA NAVY NURSE CORPS ASSOCIATION

To: Deans/Chairpersons of Nursing Program Directors of Nursing

From: Florida Navy Nurse Corps Association Scholarship Committee

The Florida Navy Nurse Corps Association Scholarship Committee has established a fund to award scholarships to deserving nursing students and/or Registered Nurses to continue their studies for a baccalaureate or graduate degree in nursing. The amount of each award will be \$1500 and will go directly to the recipient. This year (2024-25) we will award two scholarships in this category.

Enclosed is a flyer and additional information along with the application for the scholarship. These may be duplicated or more copies may be obtained from the Scholarship Committee Chairperson. <u>Applications must be returned by</u> <u>November 15, 2024</u>. Only completed applications and forms will be considered. Announcement of the selections will be made by December 20, 2024. Electronic copies of the applications are available from <u>fnnca@nnca.org</u>. Please include FNNCA in the subject line.

Send applications to:

FNNCA Scholarship Committee c/o CDR Karen Elgin, NC, USN (ret) 1738 Colonial Drive Green Cove Springs, FL 32043

Sincerely,

FNNCA Scholarship Committee

Enclosures:

- (1) Guidelines
- (2) Application
- (3) Reference Forms
- (4) Financial Assistance Questionnaire



## FLORIDA NAVY NURSE CORPS ASSOCIATION SCHOLARSHIP GUIDELINES

<u>Scholarship</u> –Scholarships of \$1500 are being offered to undergraduate nursing students and/or Registered Nurses to in an accredited baccalaureate degree in nursing program or for students who are pursuing a graduate degree in nursing. Recipients of scholarships will be selected by the Florida Navy Nurse Corps Association Scholarship Committee. The award will go directly to the recipient. We will award 2 scholarships in this category for 2024-25.

### Applicants:

- 1. Must be enrolled in an accredited nursing program
- 2. Must be a Nursing Major
- 3. May be a full or part time student
- 4. Must have a current grade point average of at least 3.0 on 4.0 scale
- 5. Must give evidence of successful completion of at least one clinical nursing course

Preference is given to applicants in the following categories:

- 1. Current Active Duty/Reserve Service Member
- 2. Veteran of military service
- 3. Family member of current or former member of the military service
- 4. Civil Service Employee
- 5. Florida resident or Florida student

<u>Application</u> - Applicants must submit a completed application form. Any additional data and/or comments that support the application are strongly encouraged. Only complete applications will be accepted.

Applicants for scholarships must submit:

- 1. Completed application form
- 2. Transcript from current program. Note: unofficial transcripts are PREFERRED.
- 3. Two professional nursing references (mailed directly to below address). One should be from a faculty member. <u>Note</u>: Those who are MECP or ROTC program students may submit references from their MECP or ROTC program application in lieu of a faculty reference.
- 4. A personal statement of 500 words or less giving reasons you are qualified for the scholarship as well as how the scholarship will benefit you. Please include career goals and potential for contribution to the profession.
- 5. A completed Financial Assistance Questionnaire

**Application deadline is November 15, 2024.** Only applications received on or before the deadline will be accepted. Electronic copy available from <u>elginkaren@hotmail.com</u>. Return completed application and all related documents to:

Florida Navy Nurse Corps Association Scholarship Committee c/o CDR Karen Elgin, NC, USN (ret) 1738 Colonial Drive Green Cove Springs, FL 32043

Or, send via email to <u>elginkaren@hotmail.com</u>

### FLORIDA NAVY NURSE CORPS ASSOCIATION

# SCHOLARSHIP APPLICATION FOR DEGREE IN NURSING

(Please type or print clearly)

Applicant's Full Nam	ne:						
	Last		First	MI	(Maiden Name)		
Home Address:							
	Street		City	State	Zip		
Mailing Address:				<u></u>			
	Street		City	State	Zip		
Phone:		Email Address					
Education							
Current School:		Date(s) of Attendance:					
GPA (using a 4.0 scal	ing a 4.0 scale): Anticipated date of graduation:						
Other Post High Scho	ools Attended:						
(Include # credits an							
Transcripts and proof				rship Committee NLT Nov	ember 15, 2024		
(Unofficial transcripts	s are PREFER	RED)	c/o CDR Karen 1738 Colonial E	Elgin, NC, USN (ret)			
			Green Cove Spr				
			elginkaren@hot	<u>mail.com</u>			
Employment Record: List in chronological order with Place Dates		nological order with p Dates	present employment fi	resent employment first. Position			
<u></u>					Part/Full Time		
Use reverse side if ne	cessary.						
Community Involve	ment/Family	-	D ''	TT d			
<u>Activity</u>		Place	<u>Position</u>	<u>Hrs. per month</u>	Dates		
Use reverse side if ne	cessary.						

Military/Civil Service Affiliation: (if any)	Branch of Service	# Years	
You or Relative			
Honors/Awards/Recognitions: (high school to present)			
Honor	D	ate	
Use reverse side if necessary			

Submit two typewritten professional references. (Please see attached form.)

<u>Note</u>: Those who are MECP or ROTC program students may submit references from their MECP or ROTC program application in lieu of a faculty reference

Submit a **personal statement of 500 words or less** giving reasons you are qualified for the scholarship as well as how the scholarship will benefit you. Please include career goals and potential for contribution to the profession.

Include CV if desired.

I verify that all statements made in this application are complete and accurate.

Signature

Date

### FLORIDA NAVY NURSE CORPS ASSOCIATION SCHOLARSHIP REFERENCE FORM

Submit 2 professional references using the form below. One should be from a faculty member in your nursing program. <u>Note</u>: Those who are MECP or ROTC program students may submit references from their MECP or ROTC program application in lieu of a faculty reference. Please Print or type. **Return this form no later than November 15, 2024.** 

Candidate:									
Last Name	First Name			MI					
Address:									
Street									
City			State	Zip					
Name of Person Writing Reference:									
School/Institution/Business:									
Position:			Phone	number:					
Address:									
Street									
City			State	Zip					
How long have you known applicant?									
In what capacity?									
Please address the following on a scale of	1-3 (3 be	ing the be	est rating)						
Attitude	N/A	Good	Better	Best					
Character (Honesty/Integrity)	N/A	Good	Better	Best					
Competency/Performance	N/A	Good	Better	Best					
1. Clinical application	N/A	Good	Better	Best					
2. Theory	N/A	Good	Better	Best					
Professionalism	N/A	Good	Better	Best					
Leadership	N/A	Good	Better	Best					
Management	N/A	Good	Better	Best					
Self-direction	N/A	Good	Better	Best					
Please attach a typewritten narrative de	escribing	the cand	idate in l	ght of your rating.					
<u></u>									
Signature	gnature Date								
Note: Please send this reference to: FNN									
c/o (	DR Kare	en Elgin, N	NC, USN	(ret)					
1738 Colonial Drive									
Gree	n Cove Sp	orings, FL	32043						
References also gladly accepted via email	: elginka	ren@hotn	nail.com						