



## 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 (2025-26) we will award two scholarships.

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. **Applications must be returned by November 14, 2025.** Only completed applications and forms will be considered. Announcement of the selections will be made by December 19, 2025. Electronic copies of the applications are available from [elginkaren@hotmail.com](mailto:elginkaren@hotmail.com). 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

Scholarship –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 for 2025-26.

### 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

Application - 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. **Note: 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 14, 2025.** Only applications received on or before the deadline will be accepted. Electronic copy available from [elginkaren@hotmail.com](mailto:elginkaren@hotmail.com). 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 [elginkaren@hotmail.com](mailto:elginkaren@hotmail.com)

# FLORIDA NAVY NURSE CORPS ASSOCIATION

## SCHOLARSHIP APPLICATION FOR DEGREE IN NURSING

(Please type or print clearly)

Applicant's Full Name: \_\_\_\_\_  
Last First MI (Maiden Name)

Home Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

### Education:

Current School: \_\_\_\_\_ Date(s) of Attendance: \_\_\_\_\_

GPA (using a 4.0 scale): \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_

Other Post High Schools Attended: \_\_\_\_\_  
(Include # credits and degree) \_\_\_\_\_  
\_\_\_\_\_

Transcripts and proof of enrollment must be sent to:  
(Unofficial transcripts are PREFERRED)

FNNCA Scholarship Committee NLT November 14, 2025  
c/o CDR Karen Elgin, NC, USN (ret)  
1738 Colonial Drive  
Green Cove Springs, FL 32043  
[elginkaren@hotmail.com](mailto:elginkaren@hotmail.com)

**Employment Record:** List in chronological order with present employment first.

<u>Place</u>	<u>Dates</u>	<u>Position</u>	<u>Part/Full Time</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Use reverse side if necessary.

### Community Involvement/Family Responsibilities:

<u>Activity</u>	<u>Place</u>	<u>Position</u>	<u>Hrs. per month</u>	<u>Dates</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Use reverse side if necessary.

**Military/Civil Service Affiliation:** (if any) \_\_\_\_\_ **Branch of Service** \_\_\_\_\_ **# Years** \_\_\_\_\_

**You or Relative** \_\_\_\_\_

**Honors/Awards/Recognitions:** (high school to present)

Honor

Date

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Use reverse side if necessary

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

**Note:** 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.

**Note:** 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 14, 2025.**

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 being the best 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 describing the candidate considering your rating.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: Please send this reference to: FNNCA Scholarship Committee  
c/o CDR Karen Elgin, NC, USN (ret)  
1738 Colonial Drive  
Green Cove Springs, FL 32043

References also gladly accepted via email: [elginkaren@hotmail.com](mailto:elginkaren@hotmail.com)

**FLORIDA NAVY NURSE CORPS ASSOCIATION  
FINANCIAL ASSISTANCE QUESTIONNAIRE**

Since the need for scholarship funds is a component of the factors considered in awarding scholarships, the following information is required. This page of the application, when completed, is made available only to the Scholarship Committee of the Florida Navy Nurse Corps Association. The information will be held in strict confidence.

Applicant's Name: \_\_\_\_\_

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

Street

City

State

Zip

Are you relying on your parent's financial support for education expenses? \_\_\_\_\_

How many other students in your family will be relying on you or your parents for financial support for education expenses this year? \_\_\_\_\_

Number of Dependents (those financially dependent upon you): \_\_\_\_\_

Relationship(s): \_\_\_\_\_

**Estimated costs for the 2025-26 academic year:**

Tuition and fees: \$ \_\_\_\_\_

Books and supplies: \$ \_\_\_\_\_

Room and board: \$ \_\_\_\_\_

Travel/commuting: \$ \_\_\_\_\_

Personal expenses: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**Sources of funding to meet these expenses:**

Expected contributions from family members: \$ \_\_\_\_\_

Expected contributions from your earnings: \$ \_\_\_\_\_

Expected contributions from your savings: \$ \_\_\_\_\_

Awards, scholarships, grants received: \$ \_\_\_\_\_

Awards, scholarships, grants pending approval: \$ \_\_\_\_\_

Other sources of funding (please identify): \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Note: Totals for estimated costs and sources of funding should match