



## 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 in this category for 2020-21.

An additional scholarship category is the *Captain Miki Iwata Memorial Scholarship for Advanced Practice Nursing Students*. This \$1500 scholarship is designated specifically for an Advance Practice Nursing Student and is in honor of Captain Miki Iwata, one of the first Navy Nurse Corps nurse practitioners.

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 13, 2020.** 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 32044



## 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 13, 2020**  
c/o CDR Karen Elgin, NC, USN (ret)  
1738 Colonial Drive  
Green Cove Springs, FL 32043

#### 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

