



Complete for all Scholarship Applications

Name: _____

Address: _____

Telephone: _____ e-mail _____

School: _____

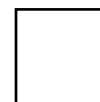
I verify that the information stated in this application is factual.

Student Signature _____ **Date** _____

Faculty/Consultant Signature (student or recent graduate is in good standing with your academic institution) _____

Complete the following information for all scholarship applications.

Check the scholarship(s) for which you are making application.



{ FNSA Scholarship (financial need)

{ Helen Ann Dean (leadership at local/state level)

{ FLN Chloe Trammel (leadership at local/state level)

{ Heather Scaglione (leadership at state/national level)

{ Dr. Claydell Horne (leadership at state/national level)

{ Willa Fuller, RN (leadership at state/national level)

Semester in Nursing: _____ Date of Graduation: _____

Current GPA: _____ Nursing GPA: _____ Are you a member of NSNA/FNSA?
____ Yes _____ no

If yes: NSNA Member Number: _____ Expiration date: _____

The **deadline for all applications is Wednesday, November 3, 2004** at 7 PM. *Applications must be brought to the State Convention in Daytona Beach, and given to the FNSA Treasurer, Brittney Stover.*

Membership in professional organizations and/or community organizations (NSNA, FNSA, NSA)

Organization	Year	Office/ Committee/ Participation
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List contributions you have made to your school and /or community as a Nursing Student Association Member.

List any awards or honors you have received related to your college and/or NSA involvement.

Application for FNSA Scholarship must include a financial statement (see page 3).

Application for Helen Ann Dean, Chloe Trammel, Heather Scaglione, or Dr. Claydell Horne awards must include a one page typed essay. Discuss your contributions to and your personal gain from NSA membership. Discuss how you plan to contribute to your professional organization(s) in the future.

Financial Statement for FNSA Scholarship Only

Estimate your income for upcoming year:

Applicant _____
Spouse _____

List your other financial sources

_____ for \$ _____
_____ for \$ _____
_____ for \$ _____
_____ for \$ _____

Who depends on you for financial support? Please explain.

Other types of financial aid received (grants, loans, scholarships):

<u>Type</u>	<u>Annual Amount</u>	<u>Repayable (yes or no)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give a brief statement of financial need/reason for seeking financial assistance:

From January 1, 2002 to October 1, 2002. Please list your Income sources.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Income (a) \$ _____

FNSA Scholarship Application Form (Cont.)

From January 1, 2002 to October 1, 2002. Please list your expenses._

Housing	_____
Transportation	_____
Medical/Dental	_____
Tuition/Books	_____
Utilities	_____
Child Care	_____
Care Payment/Insurance	_____
Miscellaneous expenses (List):	_____
_____	_____
_____	_____
_____	_____
Total	(b) _____

Net Available Income (Subtract b from a) **Amount** _____

I hereby certify that the information submitted in this application is accurate and that I am currently enrolled in an ADN or BSN nursing program within the State of Florida:

Applicant's Printed Name

Consultant verifying information

Applicant's Signature

Consultant's signature