

GREAT 100 NURSES OF NORTHEAST FLORIDA, INC.

APPLICATION FOR SCHOLARSHIP FUNDS

Applicant Profile

Name: _____ Social Security Number: _____

Address: _____

Home Telephone: _____ Business Phone: _____

Email Address: _____

Summary of Professional Education

Colleges/Universities

Name and Location	Dates Attended	Degree	Date Earned	Currently Enrolled

Employment (List in chronological order with most recent first)

Employer	Position/Job Title	Job Responsibilities	Dates Employed

Section A – Application for Financial Assistance Related to Academic Scholarship

College/University

Name: _____

Address: _____

Degree Program (Check one)

ADN/ASN	BSN	RN to BSN	MSN	MN	PhD

Reimbursement from Employer: Yes _____ No _____ Grade Dependent _____

Attach copy of most recent transcript. Application is not complete without the transcript.

Section B – Application for Financial Assistance Related to Research-related Scholarship

Research Project Title: _____

Research Sponsor (if any): _____

Indicate place and manner in which research will be presented:

Attach copy of research proposal with IRB approval (if appropriate)

Section C – Application for Financial Assistance for Certification

Name of Certification: _____

Sponsoring Association/Group: _____

Attach copy of certification application with associated costs.

Section D – Application for Financial Assistance for Professional Presentation/Conference

Name of Conference: _____

Location of Conference: _____

Reason for Attendance: Presenting _____ Attending _____

Costs: Registration Fee \$ _____ Travel \$ _____ Lodging \$ _____

Reimbursement from Employer: Yes _____ No _____

Summarize the benefit of attendance for your professional growth: _____

Attach a copy of conference registration form and presentation abstract (if applicable).

By submitting this Application, the undersigned Applicant (i) represents that the information and documents provided herein or attached hereto are true, correct and complete, (ii) authorizes the Great 100 to verify the accuracy of all information and documents provided herein or attached, and authorizes and directs all third parties to provide the Great 100 with any and all information regarding Applicant's scholastic or financial information, (iii) acknowledges that the submission of this Application does not guarantee that Applicant will receive any assistance from the Great 100, (iv) represents that Applicant is not related to any of the members of the Great 100 Scholarship Committee, (v) will use all awarded financial assistance for the intended purposes and will supply the Great 100 with documentation of such use in the form requested by the Great 100, (vi) understands that the Applicant is responsible for determining whether any financial assistance provided by the Great 100 is subject to federal, state, or local income tax, and (vii) understands and agrees that in the event Applicant's representations herein, or documents attached hereto, are inaccurate, or Applicant intentionally submits false, incomplete or misleading information or documentation, Applicant immediately will return all Great 100 assistance. Application may be subject to criminal prosecution.

Signature of Applicant

Signature of Parent (if under 18)

Date

Date

Great 100 Nurses of Northeast Florida, Inc. is a public charity open to all applicants, and does not discriminate based upon any criteria prohibited by law. Applications and inquiries should be sent to: Scholarship Chair, Great 100 Nurses of Northeast Florida, Inc., 1811 Twelve Oaks Lane North, Neptune Beach, FL 32266 or phone Ruth Stiehl at (904) 241-9231, ext. 254.