



**Florida International University
College of Nursing and Health Sciences**

SCHOLARSHIP APPLICATION

**Deadline: Friday, January 18, 2008
5:00 p.m.**

NOTE: Before this application can be processed, you must have submitted a Free Application for Federal Student Aid (FAFSA) to the Office of Financial Aid and have an eligibility determination.

THE GERTRUDE E. SKELLY CHARITABLE FOUNDATION SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate nursing student (Generic or RN-BSN or MSN)
- Maintain a 3.0 GPA
- Demonstrate economic need
- **Submit 1 letter of recommendation**

HEALTH FOUNDATION OF SOUTH FLORIDA SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate nursing student (Generic or RN-BSN or MSN)
- Maintain a 3.0 GPA
- A Florida resident
- Agree to work as a registered nurse in Dade and Broward counties for one year (12 consecutive months)
- **Submit 1 letter of recommendation**

THE STEPHEN & ABBY DRESNICK SCHOLARSHIP AWARD

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate nursing student (Generic or RN-BSN)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

NORTH DADE MEDICAL NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (Generic or RN-BSN)
- Maintain a 3.0 GPA
- North Dade resident
- Agree to work as a registered nurse in Dade and Broward counties for one year (12 consecutive months)
- **Submit 1 letter of recommendation**

MARY HURST BOOK PHYSICAL THERAPY SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- Full time, degree-seeking Physical Therapy student
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

MARILYN TRAGER NURSING AWARD

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (RN-BSN)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

FLORENCE BAYUK HEALTH SCIENCES SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate student (ALL Nursing and Health Sciences)
- Maintain a 3.0 GPA
- U.S. resident
- **Submit 1 letter of recommendation**

NURSING GENERAL SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (Generic)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

BAPTIST-FIU NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (Pre-Nursing)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

MOUNT SINAI MEDICAL CENTER/ MIAMI HEART INSTITUTE NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate (Pre-Nursing or Generic)
- Submit Official High School/College Transcript/SASS
- Pre-nursing student must submit a letter of acceptance to the university
- Maintain a 3.0 GPA
- Florida Resident
- Priority will be given to employees & family members of Mount Sinai Medical Center/ Miami Heart Institute
- Agree to work for Mount Sinai/Miami Heart Institute for 12 months as a Registered Nurse
- **Submit 1 letter of recommendation**

HCA EAST FOREIGN PHYSICIANS PROGRAM SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (FP-RN program ONLY)
- Maintain a 3.0 GPA
- Florida resident
- Agree to work as a registered nurse in Dade and Broward counties for one year (12 consecutive months)
- **Submit 1 letter of recommendation**

HCA WEST FOREIGN PHYSICIANS PROGRAM SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (FP-RN program ONLY)
- Maintain a 3.0 GPA
- Florida resident
- Agree to work as a registered nurse in Dade and Broward counties for one year (12 consecutive months)
- **Submit 1 letter of recommendation**

GREG ESPOSITO PT MEMORIAL SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- Full time, degree-seeking undergraduate Physical Therapy student
- Maintain a 3.0 GPA
- Demonstrated financial need
- U.S. citizen or permanent resident
- **Submit 1 letter of recommendation**

MERCEDES ZABALETA PT SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- Full Time, degree-seeking undergraduate or graduate Physical Therapy student
- Maintain a 3.0 GPA
- Resident of Dade, Broward or Monroe County who is classified as a minority (Hispanic, Black, Native American)
- **Submit 1 letter of recommendation**

HEDY BLANCHARD NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate nursing student (Generic or RN-BSN or MSN)
- Maintain a 3.0 GPA
- Demonstrate economic need
- **Submit 1 letter of recommendation**

A FRIEDMAN HEALTH & NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (Generic)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

BETTY FLORMAN SCHOLARSHIP FOR NURSING

ELIGIBILITY: To be eligible you must be:

- An undergraduate student (Nursing or Health Sciences)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

MIAMI CHILDREN'S HOSPITAL SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate nursing student (Generic)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

BLUECROSS / BLUESHIELD NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- An undergraduate or graduate nursing student (Generic or RN-BSN or MSN)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

MATHEW FORBES ROMER FOUNDATION NURSING SCHOLARSHIP

ELIGIBILITY: To be eligible you must be:

- A graduate nursing student (CHILD track only)
- Maintain a 3.0 GPA
- Florida resident
- **Submit 1 letter of recommendation**

You can apply for NO MORE than TWO (2) scholarships:

- | | |
|--|---|
| <input type="checkbox"/> Mary Hurst Book PT Scholarship | <input type="checkbox"/> Health Foundation of South Florida Scholarship |
| <input type="checkbox"/> The Gertrude E. Skelly Foundation Scholarship | <input type="checkbox"/> The Stephen & Abby Dresnick Scholarship Award |
| <input type="checkbox"/> North Dade Medical Nursing Scholarship | <input type="checkbox"/> Marilyn Trager Nursing Award |
| <input type="checkbox"/> Florence Bayuk Health Sciences Scholarship | <input type="checkbox"/> Nursing General Scholarship |
| <input type="checkbox"/> Baptist-FIU Nursing Scholarship | <input type="checkbox"/> Mount Sinai Medical Center/Miami Heart Institute Nursing Scholarship |
| <input type="checkbox"/> HCS East Foreign Physicians Program Scholarship | <input type="checkbox"/> HCA West Foreign Physicians Program Scholar |
| <input type="checkbox"/> Greg Esposito PT Memorial Scholarship | <input type="checkbox"/> Mercedes Zabaleta PT Scholarship |
| <input type="checkbox"/> Hedy Blanchard Nursing Scholarship | <input type="checkbox"/> A Friedman Health & Nursing Scholarship |
| <input type="checkbox"/> Betty Florman Scholarship for Nursing | <input type="checkbox"/> Miami Children's Hospital Scholarship |
| <input type="checkbox"/> BlueCross / BlueShield Nursing Scholarship | <input type="checkbox"/> Mathew Forbes Romer Foundation Nursing Scholarship |



**Florida International University
College of Nursing and Health Sciences**

SCHOLARSHIP APPLICATION

**Deadline: Friday -- January 18, 2007
By: 5:00 p.m.**

NOTE: Before this application can be processed, **you must have submitted a Free Application for Federal Student Aid (FAFSA)** to the Office of Financial Aid and have an eligibility determination.

(Please Print or Type all information)

I. PERSONAL INFORMATION

Name of Applicant: _____
Last First

Address: _____

Telephone Number (Home): _____ Work: _____

Panther ID #: _____ Date of Birth: ____ / ____ / ____

Ethnic origin (check one):
(Statistical purpose only)

| | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black (non-Hispanic) |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic (non-white) |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |

Are you an immigrant to the U.S.A or are you the child of an immigrant to the U.S.A? No / Yes

If yes, from which country did you or your parent immigrate? _____

Are you the first member of your family to attend college? No / Yes

Indicate if any of your parents is a nurse: No / Yes

Are you working? No / Yes, if yes, Full Time Part Time

Anticipated Date of Graduation: _____ Number of credits enrolled in this semester: _____

II. GRADE POINT AVERAGE (GPA) / STUDENT ACADEMIC ADVISING SUPPORT SYSTEM (SASS)

Cumulative GPA _____ (MUST be above 3.0)

Please attach a copy of your most recent (SASS) report or unofficial transcripts

III. PERSONAL ASPIRATIONS / CAREER GOALS

In one or two pages please describe your personal aspiration and career goals, and address the importance that the scholarship assistance would have for you in meeting these goals. Please include any information that would give the Scholarship committee a better understanding of the importance of this scholarship to you. (Attach as separate sheets).

IV. WORK EXPERIENCE / VOLUNTEER OR SCHOOL ACTIVITIES

In the space provided list all your work experience, volunteer, or school activities.

V. LETTERS OF RECOMMENDATION / CURRENT RESUME

- a. Provide letter of recommendation(s) from a nursing faculty or professional person (see attached)
- b. Provide a current resume

***** Applications will be accepted ONLY by mail (must be postmarked by the deadline) or dropped off at HLS II 485. Faxed applications will not be accepted *****

**SUBMIT COMPLETED APPLICATION, INCLUDING ALL DOCUMENTATION.
APPLICATIONS WILL NOT BE CONSIDERED UNLESS COMPLETE.
DO NOT SUBMIT MATERIALS SEPARATELY.**

CHECK OFF LIST BEFORE SUBMITTING APPLICATION:

***** INCOMPLETE APPLICATIONS WILL BE DEEMED INELIGIBLE *****

- Application completed and signed
- Personal statement
- Current resume
- Copy of SASS or Unofficial Transcripts
- Original letter of recommendation(s)

I certify that all the information on this form is true and complete to the best of my knowledge.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Low Income Family? Yes No

Financial Aid Status: Recipient Pending Not on F.A.

Financial Aid Awarded: Grants \$_____ Loans \$_____ Work \$_____ Other \$_____

EFC: \$_____ Gross Need: \$_____ Unmet Need: \$_____

Citizenship/ Residency Status: _____



FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

College of Nursing and Health Sciences
SCHOLARSHIP PROGRAM RECOMMENDATION FORM

This is a recommendation for _____ who is applying for a College of Nursing and Health Sciences Scholarship. Please give your honest opinion of this student in the areas listed below. If you have not observed a particular behavior, please mark N/A for not applicable.

| | Fair | Average | Above Average | Outstanding | N/A |
|---------------------------|------|---------|---------------|-------------|-----|
| ACADEMIC POTENTIAL | | | | | |
| LEADERSHIP | | | | | |
| ATTENDANCE | | | | | |
| RELIABILITY | | | | | |
| INITIATIVE | | | | | |
| INTEGRITY | | | | | |
| ENTHUSIASM | | | | | |
| RESPECT FOR OTHERS | | | | | |

Please feel free to expand on any of these categories or make any additional observations or comments:

Your Name: _____

Title: _____

Signature: _____

Work Phone: _____

Florida International University
College of Nursing and Health Sciences
Scholarship Committee
11200 SW 8th Street HLS 485
Miami, Florida 33199