



2018 SFONE Annual Conference & Leadership Awards Education Scholarship Application

The following documents are required for an application to be considered for the scholarship:

- Completed application form
- Essay
- Current transcript or letter of acceptance to appropriate academic program OR registration form and information about a national, state, or local nursing conference
- Two letters of reference
- Evidence of active FL RN license or Federal non-FL RN license
- Evidence of SFONE membership

All applications must be typed, and the full packet must be received by 1/19/2018.

Return application to: **Venessa Bannon**
800 Meadows Rd
Boca Raton, FL, 33486
vbannon@brrh.com

Procedure

- A) **Eligibility Criteria:** To be eligible for a SFONE Education Scholarship, the applicant must meet the following criteria:
1. Current membership in SFONE
 2. Active RN license in the state of Florida or Federal (VA/military) RN non-FL licensed
 3. Proof of full acceptance to or current enrollment in one of the following programs for this academic year: RN to BSN, MSN, MSN/MBA, Doctorate in Nursing
 4. Registration information and copy of brochure from a national, state, or local nursing conference.
- B) **Application Process:** Applications must be received by 1/19/18 to be eligible for consideration for a current academic year scholarship. To be considered, applications must be complete and must include all required supporting documents. Handwritten, incomplete, or late applications will not be eligible for consideration.
- C) **Selection Process:** Applications postmarked on or before the deadline will be reviewed and ranked by the SFONE Academic Liaison Committee. Scholarships will be awarded on the basis of the committee's judgment of applicant's ranking on application categories.
- D) **Notification Process:** The scholarship recipient/s will be announced at the SFONE annual conference.
- E) **Distribution of Funds:** A check for the amount of the scholarship award will be presented to the recipient/s at the SFONE annual conference. Scholarship money may be used for tuition, fees, books, or other education related expenses as determined by the recipient.

Essay Requirements

As you complete your essay, carefully consider your responses to the following questions. Responses should be typed on a separate page and attached to this application form. There is a 250 word maximum for each question. Your essay responses are a major consideration in the selection process.

1. How will attainment of this degree or attendance at this conference facilitate your professional development as a nursing leader?
2. List and describe the three most challenging aspects of your role as a nursing leader in today's health care environment.
3. How will attainment of this degree or attendance at this conference enhance your abilities to meet these challenges?

Evidence of Enrollment

Please provide a transcript from current program or if you are starting in January and a letter indicating you are fully admitted into the program. If you do not plan to start the program of study until the next summer, you should apply for a scholarship for the next academic year.

Two Letters of Reference

Letters of reference speaking to the applicant's potential for leadership and academic success. For example, applicants may seek letters of reference from current or former faculty members or employers, among others. (Electronically scanned with a signature and contact information).

Policy

It is the policy of the South Florida Organization of Nurse Executives (SFONE) that the Board of Directors, through the Education Liaison Committee, assist SFONE members in good standing to obtain advanced nursing education to enhance their leadership skills and expertise for nursing practice.

SFONE POLICY & PROCEDURE

Policy & Procedure Title: South Florida Organization of Nurse Executives Scholarship Policy & Procedure	Effective Date: September 2002
Applies to: SFONE Members	Board Approval: Date:



Application

Application Name:	
Address:	
City, State, Zip:	
Telephone, Work:	
Telephone, Home:	
RN License:	
Employer:	
Employer's Address:	
Employer's City, State, Zip:	
Applicant's Current Title:	
Years in Current Position:	

Academic Background: Please list all completed programs, beginning with basic nursing education:

School	Degree	Type of Program

Institution where presently attending/ enrolled:	
Address:	
City, State, Zip:	
Director of Program:	
Title:	
Date of entry into program:	
Anticipated date of completion:	
Degree anticipated upon completion:	

OR

Title of Conference		
Location		
Sponsoring Organization(s)		
Membership	Yes	No
Officer	Yes	No
Title of Office Held		