

# Central Florida Association of Rehabilitation Nurses

## Scholarship Application

1. Print out all the pages of this application.
2. Read this application carefully before completing.
3. Attach all requested additional information.
4. Sign the completed application and mail to CFARN by November 30, 2016.

PLEASE PRINT OR TYPE

### Part 1: General Information

Name: \_\_\_\_\_

First

Middle

Last

Mailing Address: \_\_\_\_\_

Street

City

State

Zip

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

Social Security Number: \_\_\_\_\_

State of Florida Nursing License Number: \_\_\_\_\_

ARN Membership Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I belong to the \_\_\_\_\_ District

If you are not a Tri-Level member, please answer the following questions:

I am the dependent of a Tri-Level Member: Yes \_\_\_\_\_ No \_\_\_\_\_

I am being sponsored by a Tri-Level Member: Yes \_\_\_\_\_ No \_\_\_\_\_

## Part 2: Education

College Last Attended: \_\_\_\_\_

Name

Address

City

State

Entrance Date

Specify graduation date or date last attended

### Current Educational Plan

College or University you currently are attending:

Name

Address

Classification: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_  
Senior \_\_\_\_\_ Graduate Student \_\_\_\_\_

Date that you expect to graduate \_\_\_\_\_

Cumulative Grade Point Average \_\_\_\_\_

Will you be attending College full time in the year for which you are applying for a scholarship? \_\_\_\_\_

## Part 3: Confidential Statement of Financial Condition

1. Will you be receiving financial help toward your education from an employer or relative? \_\_\_\_\_
2. Will you have an income from work, which will continue, while you are in school? \_\_\_\_\_  
This year? \_\_\_\_\_ Amount per month. \_\_\_\_\_
3. Will you be receiving any other financial award for school? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
4. Do you have personal savings you can use for your education? \_\_\_\_\_  
Amount. \_\_\_\_\_
5. Will you be able to attend this college or university if you do not receive a scholarship from this organization? \_\_\_\_\_

6. Please add any other comments that you wish to regarding your financial situation. \_\_\_\_\_  
\_\_\_\_\_

## Part 4: Summary of Professional and Educational Goals and Achievements

Please attach a typed summary of your professional and educational goals and achievements. Please include the following areas in your summary:

- a: Your resume
- b: Efforts you have made to improve your rehabilitation nursing practice and delivery of care in your work setting(s).
- c. Presentations or professional publications.
- d. Community involvement, particularly related to advocating for individuals with disabilities.
- e. List any academic, civic, professional or athletic awards.
- f. Involvement in ARN at the district, state and/or national level/
- g. Goals that you hope to implement with the completion of this degree.

## Part 5: Rehabilitation Nursing Value Statement

Attach a description of what rehabilitation nursing means to you and why you want to advance your career in rehabilitation nursing. Include in this your strengths and weaknesses in the field of rehabilitation nursing and your vision for this specialty in the future. (250 words)

## Part 6: Conduct

I have \_\_\_\_\_ have not \_\_\_\_\_ been convicted of any misdemeanor or crime. (If affirmative, please explain.)

\_\_\_\_\_  
\_\_\_\_\_

If awarded the CFARN scholarship, I shall accept it with the knowledge that said scholarship will be revoked for good cause as determined by the committee. I further agree to commit to work in the field of rehabilitation in the state of Florida for a minimum of one year. I certify that all statements are truthful to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ATTACH A COPY OF YOUR LATEST OFFICIAL TRANSCRIPT**

# Central Florida Association of Rehabilitation Nurses

## **CFARN Scholarship Guidelines**

A \$500.00 Scholarship will be awarded to a member or a senior nursing student at a local college who meet the following criteria:

### Applicant Criteria

1. Commitment to working in the field of rehabilitation in Florida.
2. Cumulative grade point average of 3.0
3. Financial need.

### How to apply

Complete the attached application form and submit it along with an official copy of your current GPA, the requested financial statement, one personal reference, two professional references and supportive statements to the address listed below.

### **Postmark Deadline: November 30, 2016**

The selection of candidates will be done by the CFARN Scholarship Committee. The Scholarship will be presented at an upcoming meeting.

### Send application Form and Materials to:

Italia-Lee Bright, RN, BSN, CRRN, CCM, CDMS  
708 Muirfield Circle  
Apopka, FL 32712  
407-383-3756