



FNSA SCHOLARSHIP APPLICATION

All FNSA members enrolled in nursing courses and all recent graduates are eligible for an FNSA scholarship. The source of all FNSA Scholarships will be the Florida Nurses Foundation. The FNSA Treasurer will coordinate all Scholarship awards and The Executive Board will establish the total amount available for scholarships. The selection process will be handled by the Scholarship Selection Committee, appointed by the FNSA Treasurer and will consist of one consultant from each Region if possible. The chair of the selection committee will be a member of the Florida Nurses Foundation if possible. The following scholarships will be awarded:

A. There will be one (1) **Heather Scaglione Leadership Scholarship**, (1) **Claydell Horne Leadership Scholarship**, (1) **Willa Fuller Leadership Scholarship**, (1) **Mary Tittle Leadership Scholarship**, (1) **Paula Massey Leadership Scholarship** for outstanding individual contributions to FNSA and NSNA. (1) **The Carol Petrozella Educational Leadership Award** for any individual interested in going into Nursing Education. These awards will be \$500.00 each.

1. Applicants must currently be enrolled in nursing courses in the State of Florida or be a recent graduate (current year).
2. A letter of recommendation from the Chapter Consultant or Dean/Director must accompany the application to indicate the applicant's level of activity in FNSA/NSNA.

B. There will be one (1) **Helen Ann Dean Scholarship** which will be based on funds raised during the year through Sustaining Membership and Pennies PRN.

- C.
1. Applicants must currently be registered in nursing courses in the State of Florida or be a recent graduate (current year).
 2. A statement from the Chapter Consultant or Dean/Director must be presented to indicate the applicant's level of FNSA Chapter activity.

(Application for Section A & B above 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.)

D. The number of *FNSA Scholarships will be determined by the amount of monies available. The amount of each award will be determined by the Scholarship Selection Committee. These scholarships are based on financial need. The Selection Committee will be responsible for establishing the number of scholarships and the value of each scholarship. *Application for FNSA Scholarship must include a financial statement.*

1. Applicants must currently be enrolled in nursing courses in the State of Florida.
2. Proof of financial need is required. This shall be determined by information submitted by the student using the award application and including the financial page.

***E.* Please place the application on 1 side of paper only (front only). Do NOT put 2 pages on 1 sheet of paper (front and back).**

The deadline for all applications is the first night of the FNSA Annual Convention (10/29/25) by 7PM. It is mandatory that applications be brought to convention and submitted at the Registration Desk. This information will be announced in the first House of Delegates. Make sure you receive a receipt for your application.

Cover sheet: Complete for all Scholarship Applications

Complete the following information for all scholarship applications.

Check the scholarship(s) for which you are applying for. **Application must be legible and complete to be considered.**

- ☐ FNSA Scholarship (Financial Need)
- ☐ Helen Ann Dean (Leadership at Local/State Level)
- ☐ Heather Scaglione (Leadership at State/National Level)
- ☐ Dr. Claydell Horne (Leadership at State/National Level)
- ☐ Willa Fuller (Leadership at State/National Level)
- ☐ Mary Tittle (Leadership at State/National Level)
- ☐ Paula Massey (Leadership at State/National Level)
- ☐ Carol Petrozella Scholarship (Interest in Nursing Education)

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, October 29th at 7pm. Applications may be emailed to Ynden Lizardo at secytreasurer@fnsa.net with a CC to whill@floridanurse.org and fnsapresident@fnsa.net.

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)

Do Not Use (for staff use only) Application # _____

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

Organization

Year

Office/ Committee/ Participation

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 70).

Application for Heather Scaglione, Dr. Claydell Horne, Willa Fuller, Carol Petrozella, Mary Tittle, or Paula Massey 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.

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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):

Type	Annual Amount	Repayable (yes or no)

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

From January 1, 2025 to October 1, 2025, please list your income sources.

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

Total Income (A) \$

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FNSA Scholarship Application Form (*Cont.*)

From January 1, 2025 to October 1, 2025, please list your expenses.

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

Total	(B)	_____
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Net Available Income (Subtract B from A)	Amount	_____
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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

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