**Future nures of America Scholarship Application**

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| Please **type** your answers. | | |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address Street:City: State: Zip: | |
| 3. | Daytime Telephone Number: ( )  Email Address: | |
| 4. | Date of Birth: Month Day Year Gender: | |
| 5. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA. Your most recent school transcript is required. | |
| 6. | Are you the first person in your family to go to college: YES \_\_\_ NO \_\_\_\_ | |
| 7. | Name and location of attending College/University: | |
| 8. | **(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)**  A. List any academic honors, awards and membership activities while in high school or college:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community: | |
| 9. | Briefly describe your financial need for this scholarship. | |

**10. On a separate sheet please write an essay/ create a tik-tok, or record a 3-minute video (250 - 500 words) answering** one **of the questions below:**

1. How will the FNOA scholarship assist you in obtaining a fresh start in life?

Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

b. What most intrigues you about nursing? Also, explain why you would be a good recipient for this scholarship.

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation’s scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Future Nurses of America (FNOA) Foundation Scholarship policy, I must be present at any potential awards ceremony or reception 9 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to FNOA Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution for my trimester/ semester in January 2019.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

\_\_\_ Application

\_\_\_ Essay/tik tok/video (only choose one format)

\_\_\_ Resume/Activity Sheet

**MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:**

**The FNOA Foundation Scholarship Committee**

**1285 Trafalgar Drive**

**Southaven, MS 38671**

**Or email to: betterwomanbetterwife@gmail.com**