

FSARN
CRRN Examination Scholarship Application

FSARN will allocate funds as available for reimbursing FSARN members who successfully complete the CRRN Certification exam. Reimbursement will be for the fee for taking the exam only.

Applicant Criteria

1. Registered Nurse working in the field of rehabilitation in the State of Florida
2. Passage of the CRRN examination in the prior 30 days
3. Tri-level member of ARN: National, Florida (FSARN), and District (if applicable)

How to apply

1. Fill out the attached application form
2. Submit the form with the following to the Scholarship Chair
 - a. A copy of test results showing a passing score. Scan & insert a copy into this application.
 - b. Documentation of involvement at the district, state, and/or national ARN level
 - c. A short essay about your practice as a rehabilitation nurse and how passing the CRRN Exam will enhance you and your profession and/or involvement in rehabilitation nursing. Recipient essays may be published in the FSARN newsletter.

Postmark deadline and selection

1. Postmark deadline is **30 days** after taking the CRRN examination.
2. The Scholarship Committee will complete the selection of the awardees and make a recommendation to the FSARN Board..
3. It is at the discretion of the FSARN Board to determine the availability of funds for allocation.
4. Applicants will be notified within 2 weeks following submission of application.
5. CRRN scholarship monies are issued as a reimbursement only and are non-transferable.

You can download this document to your computer, complete and save it, then email it as an attachment to the Scholarship Committee Chairman at: Brook.Jimenez@gmail.com

You can also print send the application via regular mail to:

FSARN Scholarship Committee
Brook Jimenez
9140 Bryant Road
Fort Myers, FL 33967

For other questions, you can call the Scholarship Committee Chairman, Brook Jimenez

(239)565-9526 (cell)

FSARN CRRN Examination Scholarship Application

Submit application to Brook Jimenez at: Brook.Jimenez@gmail.com as an attached file

OR Send via US Postal service to:

FSARN Scholarship Committee

Brook Jimenez

9140 Bryant Road

Fort Myers, FL 33967

Applicant Name:

Address:

Contact Information:

Home:

Cell:

Email:

ARN Membership ID #:

Tri-level member? NO YES District:

Have you ever received a scholarship from FSARN? NO YES

If Yes, When and for What Purpose?

Will you be receiving any scholarship/grant money from any other source? NO YES

If yes, indicate source and amount:

Current Employer:

Position:

Current involvement in Florida District, Florida Chapter, or National ARN:

Date of CRRN exam:

Copy of passing score: Scanned & attached

My Commitment to Rehabilitation Nursing

On the next page, write a short essay about your practice as a rehabilitation nurse and how passing the CRRN Exam will enhance you and your profession and/or involvement in rehabilitation nursing. Recipient essays may be published in the FSARN newsletter.

How becoming a CRRN will enhance my practice and involvement in Rehabilitation Nursing
By (type your name here)