

**FSARN  
Continuing Education  
Scholarship Application Procedure**

**Applicant Criteria**

1. Registered Nurse or nursing student obtaining a degree in nursing and committed to working in the field of rehabilitation in the State of Florida.
2. Submit three (3) letters of reference, which may be personal or academic and professional or business.
3. Grade point average of 3.0 or higher
4. Tri-level member of ARN or a dependent of a tri-level member or a student sponsored by a tri-level member
5. Financial need may be considered

**How to apply**

1. Fill out the attached application form
2. Submit the form with the following to the Scholarship Chair
  - a. the official transcripts of all your course work,
  - b. the summary of your professional and educational goals and achievements and
  - c. three letters of reference
  - d. a copy of your ARN membership card

**Postmark deadline and selection**

1. Postmark deadline is the last day of February of the year requesting the scholarship funds.
2. The Scholarship committee will complete selection of the awardees. Scholarship recipients will be notified by email. Presentation of the scholarship will be made at the annual meeting of the year awarded

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 and 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 phone)

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Submit application to Brook Jimenez at: [Brook.Jimenez@gmail.com](mailto: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:**

**Institution attending:**

**Degree pursuing:**

**Graduation Date Goal:**

(Attach your transcript. This can be a scanned image attached to this MS Word document)

**List Three Personal/Professional References** (Attach or scan in the letter from each)

- 1.
- 2.
- 3.

**My commitment to Rehabilitation Nursing**

On the next page, write a short essay that summarizes your professional goals and achievements, your background in and commitment to Rehabilitation Nursing, and how you will use the degree you are seeking in the field of Rehabilitation Nursing. Recipient essays may be published in the FSARN newsletter.

**My commitment to Rehabilitation Nursing**  
**By** (type your name here)