



Central Florida Advanced Nursing Practice Council, INC

cfanpc.org

Dear Advanced Practice Colleagues,

The Central Florida Advanced Practice Nursing Council will award two \$1000 scholarships for 2014. Applications will be accepted from September thru to the end of October 2014. Applicants must be Registered Nurses who are currently enrolled in an Advanced Practice Nursing Program and have successfully completed at least one semester of graduate nursing education. Applicants are required to be a paid member of CFANPC at the time of application submission. This will provide them with access to the numerous benefits of membership to include preceptors, professional networking and a variety of educational offerings. Additionally, Scholarship winners will become Honorary Board members for a year.

See application below. All completed application submissions will be blinded to a panel of reviewers and ranked based on essay quality, letter of recommendation, and service (community, volunteerism, work and professional organizations). We offer this scholarship in support of our profession and encourage all interested students to apply. Please contact me with any questions.

Susan

Susan L. Smith, FNP, ACNP, DHSc, FAANP
susan.smith4@orlandohealth.com
Cell- 407-484-9224
CFAPNC Scholarship Chair



CFANPC SCHOLARSHIP APPLICATION CHECKLIST

(Please include this form with your completed application)

- Application form**
- Essay**
- Copy of Florida RN license.**
- Letter of recommendation on official letterhead from an
academic instructor from the APN Program.**
- Most recent transcript (showing at least one semester of
graduate school completed and current GPA)**
- Mail to: Susan Smith, CFANPC Scholarship Chair
3234 Wald Road, Orlando, FL 32806**



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CFANPC SCHOLARSHIP APPLICATION

INFORMATION: (Please include checklist and required items with application)

1. APPLICANT'S NAME:
2. HOME ADDRESS:
3. PHONE:
4. E-MAIL ADDRESS:

RN LICENSE NUMBER AND STATE:

APN PROGRAM INFORMATION:

Name of current program:

Type of program and degree sought:

Expected graduation date:

Current graduate grade point average:

Name and Phone number of program Director:

MEMBERSHIP: Are you a current CFANPC member? _____ Applicants must be a member in order to apply for this scholarship. See website for membership information.

EDUCATIONAL BACKGROUND:

COLLEGE / UNIVERSITY

DEGREE

DATE OF COMPLETION

PROFESSIONAL EMPLOYMENT: (Include only past 5 years)

EMPLOYER

POSITION

DATE OF EMPLOYMENT

COMMUNITY / VOLUNTEER SERVICE ACTIVITY: (include dates)

PROFESSIONAL ASSOCIATIONS AND OFFICES HELD: (include dates)

ESSAY: (Limit to 500 words or less)

Why did you want to become an Advanced Practice Nurse? Discuss your journey.

Mail Application to Susan Smith 3234 Wald Road Orlando Florida 32806.

Email Questions/applications to susan.smith4@orlandohealth.com