



**Suncoast Nursing Action Coalition**  
**BSN Nursing Scholarship**

**Application Form**

*Application Deadline: March 1st*



**COMMUNITY  
FOUNDATION**

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**of Sarasota County**

**01/2017**

## **COMMUNITY FOUNDATION OF SARASOTA COUNTY**

The Community Foundation of Sarasota County is a public charity founded in 1979 by the Southwest Florida Estate Planning Council as a resource for caring individuals and the causes they support, enabling them to make a charitable impact on the community. With assets of nearly \$292 million in more than 1300 charitable funds, the Community Foundation awarded grants and scholarships of more than \$16 million dollars (FY 2015-2016) in the areas of arts, culture and humanities, education, civic engagement, health, human services, animal welfare, and the environment. For more information, visit [www.CFSarasota.org](http://www.CFSarasota.org).

### **SUNCOAST NURSING ACTION COALITION (SNAC)**

The Suncoast Nursing Action Coalition (SNAC) is aligned with the "Campaign for Action," a national movement of the Robert Wood Johnson Foundation and AARP and affiliated with the Florida Action Coalition's Education Action Team.

SNAC's vision is that access to quality healthcare provided by a diverse, highly educated and skilled nursing workforce is available to communities it services. SNAC's service area encompasses Charlotte, DeSoto, Manatee and Sarasota Counties.

SNAC's mission is to promote higher quality of care and access to patient care by advancing baccalaureate and higher levels of nursing education.

SNAC achieves its vision and mission by engaging the health care employers (hospitals, nursing homes, and public health agencies), academics (organizations training nurses), and the community in a collaborative effort to address and achieve identified goals. It's primary goals are:

- Increase the number and proportion of nurses with a BSN degree.
- Fulfill the faculty needs to teach the next generation of nurses by increasing the number and percentage of nurses with a doctorate (Ph.D./DNP/DNSc).
- Facilitate academic progression of all nurses.

The Suncoast Nursing Action Coalition was originally formed as a pilot project in 2013. Jan Mauck, CNO, Sarasota Memorial Health Care System and Charles Baumann, Kerkering & Barberio, Co-Chair SNAC's leadership. For more information visit: [www.snac4fl.org](http://www.snac4fl.org).

### **SUNCOAST NURSING ACTION COALITION (SNAC) BSN SCHOLARSHIP PROGRAM**

This scholarship provides financial support for individuals pursuing a bachelor's degree in nursing (BSN). The goal is to increase the number of bachelor's prepared nurses who are working within the Suncoast Nursing Action Coalition (SNAC) region (Sarasota, Charlotte, Manatee, & Desoto Counties).

The amount awarded per person may vary and is at the discretion of the SNAC selection committee. Award amounts will be based on individual need as determined by documented sources of support (e.g. scholarships, grants) with a minimum award amount of \$2,500.

Recipients of the SNAC BSN scholarship are eligible to be considered for awards in subsequent years. Recipients must reapply and submit a complete application for consideration.

### **DETERMINATION OF AWARDS**

Students are selected for the scholarship in a three-step competitive process: a) Community Foundation Staff review application to ensure applicant eligibility and completeness; b) The SNAC Selection Committee will review eligible applicants and determine awardees; c) the Community Foundation Board of Directors approves the students selected.

## DETERMINATION OF FINANCIAL NEED

A needs analysis is conducted considering the total cost of education, the expected parent and/or student contribution, and other grant and loan funds awarded to the student. Scholarship finalists may be contacted either by letter or telephone and asked to provide additional information to the Foundation on other grants or loans awarded by schools and other funding sources. This data will be used in determining the amount of certain awards. This information will be held in strictest confidence.

## NOTIFICATION AND PAYMENT OF AWARDS

All applicants are notified by email whether or not they receive an award. Recipients will be notified by the Community Foundation by May 15. Payments are mailed directly to the school's financial aid office prior to the beginning of the Fall semester. \*\*Please be sure to add [eyoung@cfsarasota.org](mailto:eyoung@cfsarasota.org) to your safe senders email list.\*\*

## ELIGIBILITY CRITERIA

Meet **one** of the following criteria:

- Currently live within the SNAC region (Sarasota, Charlotte, Manatee, & Desoto).
- Currently work at a medical facility within the SNAC region.
- A graduate from a high school from the SNAC region.

Meet **all** of the following criteria:

- Have submitted an application for acceptance into a nursing bachelor's program (may be traditional BSN, 2nd Degree BSN, accelerated BSN, or RN-BSN) that is regionally and nationally accredited (CCNE or ACEN accreditation).
- Note: Scholarships will only be awarded after proof of acceptance & enrollment in a nursing program has been verified.
- Plan to be a full or part-time student (based on the enrollment definitions at your intended school of enrollment).
- Demonstrate financial need.
- Obtain a minimum of 1 recommendation from an employer or faculty/instructor.

## APPLICATION PROCESS

Completed applications will be accepted and must be received by the Community Foundation office by March 1. Applications and all associated documents may be mailed to the address below or may be submitted via email to Earl Young ([eyoung@cfsarasota.org](mailto:eyoung@cfsarasota.org)). Emailed submission should be in a single, PDF document, and must contain all requested application materials.

This scholarship provides financial support for current BSN candidates in the SNAC Region (Sarasota, Charlotte, Manatee, & Desoto Counties). The goal is to increase the number of bachelor's prepared nurses who are working within the Suncoast Nursing Action Coalition (SNAC) region (Sarasota, Charlotte, Manatee, & Desoto Counties). The amount awarded per person may vary and is at the discretion of the SNAC selection committee. Award amounts will be based on individual need as determined by documented sources of support (e.g. scholarships, grants) with a minimum award amount of \$2,500.

## ADDRESS

Community Foundation of Sarasota County  
ATTN: Earl Young  
2635 Fruitville Rd.  
Sarasota, FL 34237

# APPLICATION DATA

## I. PRELIMINARY INFORMATION

Applicant's Name \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E Mail \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

## II. EMPLOYMENT

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  Not Currently Employed

Where do you plan to work after graduating with your BSN degree? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## III. FINANCIAL ASSISTANCE INFORMATION

Are you eligible to receive tuition reimbursement from your employer?  Yes  No  
 (If yes, identify the amount that your employer will pay toward your degree below)

Are you receiving other forms of financial assistance/scholarships?  Yes  No  
 (If yes, identify the amount of your award below and provide documentation of amount or percentage)

**\*PLEASE NOTE\*** All students must submit a copy of your most recent FAFSA Student Aid Report (SAR).  
 (Please be sure to complete your FAFSA here: <https://fafsa.ed.gov/>)

| Source of Funding | Amount of Award |
|-------------------|-----------------|
|                   |                 |
|                   |                 |
|                   |                 |
|                   |                 |
|                   |                 |
|                   |                 |

## IV. ESSAY - Please attach a typed statement in response to the following question: (WORD LIMIT: 500)

1) Explain how you plan to use the scholarship money and why you need this money for your bachelor's degree in nursing?

## V. COLLEGE/SCHOOL INFORMATION

Name of University: \_\_\_\_\_

Type of Program (i.e. BSN, RN-BSN): \_\_\_\_\_

Have you received official acceptance? \_\_\_\_\_ *(Please include letter of acceptance or copy of your current semester schedule.)*

Anticipated starting date: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

What are you enrollment status plans?  Full-time  Part-time  Other \_\_\_\_\_ (please explain)

### ESTIMATED COLLEGE/SCHOOL EXPENSES - (Please use school data or information from your financial aid package. Budget should be for one full year of expenses and resources). \*THIS SECTION IS VERY IMPORTANT TO SHOW HOW YOU PLAN TO FINANCE YOUR EDUCATION.

BUDGET for the period from \_\_\_\_\_ to \_\_\_\_\_

#### Estimated Annual Expenses

##### School Expenses:

Tuition & Fees (credit hour costs & fees) \$ \_\_\_\_\_

Books & Supplies \$ \_\_\_\_\_

##### Living Expenses:

Rent/Mortgage (monthly \* 12) = \$ \_\_\_\_\_

Total Utilities (monthly \* 12) = \$ \_\_\_\_\_

Transportation & Car Insurance (monthly \* 12) = \$ \_\_\_\_\_

Child Care (monthly \* 12) = \$ \_\_\_\_\_

Other \_\_\_\_\_ (monthly \* 12) = \$ \_\_\_\_\_

**TOTAL ANNUAL BUDGET:** \$ \_\_\_\_\_

#### Estimated Annual Financial Resources

Student contribution \$ \_\_\_\_\_

Family, friends \$ \_\_\_\_\_

V.A. or S.S. Benefits \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Other Financial Aid (Work Study, etc.) \$ \_\_\_\_\_

Other Scholarships/Awards \$ \_\_\_\_\_

Other Resources (list) \$ \_\_\_\_\_

**TOTAL ANNUAL RESOURCES:** \$ \_\_\_\_\_

## VI. CERTIFICATION

\_\_\_\_\_ I am NOT a relative of any member of the Community Foundation Scholarship Advisory Committees, the Community Foundation of Sarasota County staff, Board of Directors, or the SNAC Scholarship Committee Members.

\_\_\_\_\_ The information contained in this application is true and correct.

\_\_\_\_\_ I intend on working within the SNAC region for at least 2 years after completion of the BSN degree.

\_\_\_\_\_ I authorize the Community Foundation to contact present and former employers and references for information pertaining to this application.

\_\_\_\_\_ By signing this application I authorize the Community Foundation to verify any information provided herein.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **EMPLOYER/INSTRUCTOR NOMINATION FORM**

**To the applicant:** This reference form will be used for scholarship awarding purposes. Only the SNAC Scholarship Sub-Committee will access this form and the information will be kept strictly confidential.

By providing this form to the individual providing the reference, you are voluntarily waiving your right to access the reference statements that will be provided below.

**Applicant's name:** \_\_\_\_\_

**To the person providing a reference:** The above named person is applying for a scholarship awarded annually by the Suncoast Nursing Action Coalition (SNAC) to support individuals who are pursuing a bachelor's degree in nursing. Your evaluation will be included as part of the information considered by the SNAC Scholarship Sub-Committee in awarding a scholarship.

Submit your completed reference form by **March 1st** to: [eyoung@cfsarasota.org](mailto:eyoung@cfsarasota.org)

**1.) How long have you known the applicants and in what capacity?**

**2.) Personal and Professional appraisal of the applicant:**

**3.) Please add any additional comments:**

**Recommendation:**

- Strongly recommend
- Recommend
- Recommend with reservation (please note above)
- Do not recommend

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

## CHECKLIST FOR COMPLETE APPLICATION

*(Please make sure you have completed the following:)*

- \_\_\_\_\_ Completed all pertinent areas of this application.
- \_\_\_\_\_ Provided documentation of additional financial assistance (if applicable).
- \_\_\_\_\_ Attached student's most recent Student Aid Report (SAR)
- \_\_\_\_\_ Submitted Employer/Instructor Nomination Form.
- \_\_\_\_\_ Signed the certification.
- \_\_\_\_\_ Enclosed essay.

### **DEADLINE: March 1st**

If you have questions or need further information about this application please contact:

Earl Young, Manager of Scholarships & Special Initiatives  
Community Foundation of Sarasota County, Inc.

(941) 556-7114  
eyoung@cfsarasota.org  
[www.cfsarasota.org](http://www.cfsarasota.org)

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2635 Fruitville Rd.  
Sarasota, FL 34237

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Please be careful to apply the CORRECT POSTAGE.  
Failure to do so will result in your application being returned.  
THANK YOU.