

Orlando Regional Healthcare Nursing Commemorative Scholarship Fund

Purpose

This fund began as the Diana Wilson Scholarship, est. in memory of Diana Wilson, a former director of nursing at Orlando Regional Healthcare. The scholarship fund has been expanded to honor all past and present Orlando Regional nurses for their commitment to excellence in nursing by assisting students pursuing a career in registered nursing.



Scholarships Available

One-year scholarships for university-level study and community college-level study will be awarded to qualified candidates selected by the Nursing Commemorative Scholarship Committee. Students considered must be enrolled in a program that allows them to sit for the registered nurse state licensing examination. The scholarship amounts range from \$250 to \$2,000.

Stipulations

All scholarship money must be utilized for tuition, books, lab fees, and/or other areas of scholarly need and will be administered by the college or university for Orlando Regional. If there is any money left after such expenditures at the college or university at the end of each school year, it is the responsibility of the college / university to reimburse the scholarship fund with the excess. The Scholarship Committee may make any changes to the above stipulations at their discretion.

Eligibility Requirements

Applications will be considered for both scholarly merit and financial need. Any student who resides in Orange, Osceola, Lake, or Seminole counties and is accepted for admission (or is attending) a community college or university in the state of Florida is eligible for a scholarship. Applicants must have at least a 3.0 overall grade point average (GPA) on a 4.0 scale.

A completed application packet will consist of:

- Application Form
- Official transcripts from your current college or university
- Three letters of personal recommendation

Application Deadlines are as follows:

January 25, 2003 & June 28, 2003

Applicants will be notified of status:

March 15, 2003 (for January 25th deadline) & August 9, 2003 (for June 28th deadline)

Please send packet to:

Angie Drohan
Orlando Regional Healthcare
Education & Development
1414 Kuhl Avenue, MP # 14
Orlando, Florida 32806

Please note: Incomplete applications will not be considered. The Scholarship Committee will review applications and determine scholarship recipients.

NURSING COMMEMORATIVE SCHOLARSHIP FUND

Application Form

1. Name: _____
2. Permanent Mailing Address: _____
(Residence must be in Orange, Osceola, Seminole or Lake County or active member of Orlando Regional Healthcare)
3. Social Security Number: _____
4. Home Phone #: (_____) _____
5. Work Phone #: (_____) _____
6. Family Income (include all income including pensions): _____
7. List of all colleges or schools attended, including present:

Name, City & State	Period of Attendance	GPA	Degree Sought	Degree Completed

8. Contributions and service to community and/or school:

9. List honors, awards or other areas of merit:

10. Please list other types and amount of financial aid (scholarships, grants, tuition reimbursement, student aid, military allotments, etc.) you are currently receiving, have applied for, or will receive (scholarships will be revoked if this information is not accurate):

Type of Assistance	Status of Assistance	Amount	Length

11. In space provided, state financial need for scholarship:

12. If necessary, explain any unusual expenses, educational and other debts, or special circumstances:

13. Please provide a paragraph explanation of why you want to become a registered nurse:

14. Please provide a paragraph explanation of your professional goals:

15. Please list past and present work experience:

Employer	Type of Work	Reason for Leaving

All of the above information is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. Any falsification will result in scholarship ineligibility.

Signature

Date

Please return completed application packet which includes an application form, high school transcripts (if completed in the last 10 years), college transcripts, and 3 letters of recommendation by January 25 (Summer Semester) or June 28 (Fall Semester) to:

Orlando Regional Healthcare
Education & Development, MP# 14
1414 Kuhl Avenue
Orlando, FL 32806