



2024-2025 Visiting Nurse Association of Florida Nursing Scholarship Program

Visiting Nurse Association of Florida is proud to support the future of nursing by offering \$1,000 scholarships annually to aspiring nurses within our service districts. Applicants must reside in one of the counties we serve and be enrolled in or planning to enroll in an accredited nursing program. This scholarship aims to assist passionate individuals committed to advancing their education and serving their communities through compassionate, high-quality care. We invite eligible candidates to apply and join us in our mission to make a meaningful difference in the lives of others through nursing.

Email Address:

Student's Last Name:

Student's First Name:

High School Currently Attending:

Gender:

Street Address:

City:

Zip Code:

Parent's Phone Number:

Student's Personal Cell Phone Number:

Student's Email Address:

Student's Unweighted Cumulative GPA; as written in FOCUS on today's date

Student's Weighted Cumulative GPA; as written in FOCUS on today's date

Student's Class Rank/out of number of students; as written in FOCUS on today's date

SAT superscore, on today's date. If you are awaiting results or have not tested, please write below.

ACT composite superscore, on today's date. If you are awaiting results or have not tested, please write below.

Documented service hours; as written in FOCUS on today's date

Documented paid hours worked; as written in FOCUS on today's date

Which of the following Florida Bright Futures scholarships will you most likely obtain?

<https://www.floridastudentfinancialaidsg.org>

Does applicant have siblings who are college-age or younger?

SIBLINGS

1st Sibling Name/Age/Grade Level/Name of School Attending (if applicable):

2nd Sibling Name/Age/Grade Level/Name of School Attending (if applicable):

3rd Sibling Name/Age/Grade Level/Name of School Attending (if Applicable):

4th Sibling Name/Age/Grade Level/Name of School Attending (if Applicable):

5th Sibling Name/Age/Grade Level/Name of School Attending (if applicable):

FLORIDA RESIDENCY

How many years have you been a resident of Florida? Please specify in which county you reside in and for how many years.

Dual Enrollment

Have you taken or plan to take Dual Enrollment classes?

Dual Enrollment Credit Information:

How many total college credits have you earned/will you earn through Dual Enrollment?

Will you earn an Associate's Degree by High School Graduation?

Career Technical Education

Did you participate in a Career & Technical Education Program?

POST-SECONDARY Questions

NAME OF 1st CHOICE SCHOOL YOU PLAN TO ATTEND after graduation:

APPLICATION STATUS-1st CHOICE:

NAME OF 2nd CHOICE SCHOOL YOU PLAN TO ATTEND after graduation:

APPLICATION STATUS-2nd CHOICE:

NAME OF 3rd CHOICE SCHOOL YOU PLAN TO ATTEND after graduation:

APPLICATION STATUS-3rd CHOICE:

Area(s) of interest for future study and/or career paths:

FINANCIAL NEED STATEMENT

ESTIMATED COST PER YEAR OF 1st CHOICE SCHOOL-TUITION:

ESTIMATED COST PER YEAR OF 1st CHOICE SCHOOL-ROOM/BOARD:

What is your expected family contribution to your post-secondary education each year?

Personal savings you have put aside for your post-secondary education:

Employment

Are you employed? Or have been employed?

EMPLOYER INFORMATION:

STUDENT WORK EXPERIENCE #1-NAME OF CURRENT OR MOST RECENT EMPLOYER:

DATES OF SERVICE FOR CURRENT OR MOST RECENT EMPLOYER:

NUMBER OF HOURS PER WEEK (SCHOOL YEAR) FOR CURRENT OR MOST RECENT EMPLOYER:

NUMBER OF HOURS PER WEEK (SUMMER) FOR CURRENT OR MOST RECENT EMPLOYER:

RESPONSIBILITIES FOR CURRENT OR MOST RECENT EMPLOYER:

**STUDENT WORK EXPERIENCE #2-NAME
OF PREVIOUS EMPLOYER:**

**DATES OF SERVICE FOR PREVIOUS
EMPLOYER:**

**NUMBER OF HOURS PER WEEK (SCHOOL
YEAR) FOR PREVIOUS EMPLOYER:**

**NUMBER OF HOURS PER WEEK (SUMMER)
FOR PREVIOUS EMPLOYER:**

**RESPONSIBILITIES FOR PREVIOUS
EMPLOYER:**

UNIQUE CIRCUMSTANCES:

**Do you have any special financial and/or
personal circumstances that need to be
considered by the scholarship
committee(s)? If not, please indicate N/A.**

COMMUNITY INVOLVEMENT:

**Have you participated in community
activities and/or volunteer work?**

Community Activities and/or Volunteer Work Information:

**Activity #1- Name and Description of
Organization:**

**Activity #1 - Indicate Length of Time with
Organization and Total Hours Completed:**

**Activity #1 Indicate Awards, Honors, and/or
Offices/Positions held :**

**Activity #2- Name and Description of
Organization:**

**Activity #2 - Indicate Length of Time with
Organization and Total Hours Completed:**

**Activity #2 Indicate Awards, Honors, and/or
Offices/Positions held :**

Activity #3- Name and Description of Organization:

Activity #3 - Indicate Length of Time with Organization and Total Hours Completed:

Activity #3 Indicate Awards, Honors, and/or Offices/Positions held:

ESSAY #1- Describe below what you feel is your most positive contribution to your high school or to one of your community activities. Please limit to no more than 300 words.

ESSAY #2 - Discuss your career goals, reason for seeking higher education, reasons for pursuing a particular field of study, and/or reason for choosing a particular college. Please limit to no more than 500 words.