FAITH COMMUNITY NURSES ASSOCIATION OF OKLAHOMA

GUIDELINES FOR SCHOLARSHIPS FOR FCN FOUNDATION COURSE

I. **Purpose**: to recognize licensed registered nurses who have a strong desire to become a Faith Community Nurse (FCN)

II. **Funding Source**: Funds will be appropriated from the designated scholarship funds of the FCNA OK.

III. **Criteria for Awarding Scholarship**:
   a. Applicant Criteria
      1. Enrolled (or in the process) for one of the scheduled classes for becoming a FCN
      2. Involved with a faith community (FC).
      3. Have a license to practice nursing in the state of Oklahoma (or USA)
   b. Application Requirements
      1. Submit this completed application prior to the deadline of the scheduled FCN Foundation course
      2. Attach personal and professional goals related to Faith Community Nursing
      3. Attach 2 letters of recommendation. (at least one from pastor or FC leader)
      4. Sign a formal agreement agreeing to:
         a. remain a paid member of FCNA OK for at least 2 years
         b. initiate and/or support Faith Community ministry in the faith community. Provide evidence through submission of regular reports.
      5. Complete interview with Scholarship Committee or designee

IV. **Funding allocation basis**

   Scholarships are available for up to 50% of the course tuition
FAITH COMMUNITY NURSES ASSOCIATION OF OKLAHOMA
SCHOLARSHIP APPLICATION FOR FCN FOUNDATION COURSE

NAME: _______________________________ DATE: __________________

ADDRESS: _______________________________________________________

HOME PHONE: ___________ CELL: ___________ WORK PHONE: ___________

EMAIL: __________________________________________________________

NAME/DENOMINATION OF FAITH COMMUNITY: _______________________________________

LENGTH OF MEMBERSHIP: _______________________________________

TYPE OF INVOLVEMENT: _______________________________________

EDUCATIONAL BACKGROUND:

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<tr>
<th>Name of Institution</th>
<th>Major</th>
<th>Date of Graduation</th>
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WORK HISTORY: (past 10 years)

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Approved by General Membership July 26, 2011
FAITH COMMUNITY INVOLVEMENT/INNOVATIVE PROJECT: (describe past, present or future; attach more sheets if needed)

I certify that I have read the criteria for selection and requirements if selected. I understand the requirements and am willing to abide by them.

Signature of Applicant: _______________________________ Date: ____________

Due no later than 30 days prior to Course Commencement.

Send Completed Application to:
Glenda Bronson
1609 Raquel Road
Edmond, OK 73003
glenda.bronson@Mercy.Net
405-922-1092