

**FAITH COMMUNITY NURSES ASSOCIATION OF OKLAHOMA**  
**GUIDELINES FOR SCHOLARSHPS 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:**

Name of Institution	Major	Date of Graduation	

**WORK HISTORY: (past 10 years)**

PLACE	POSTION	YEARS	REASON FOR LEAVING	

**FAITH COMMUNITY INVOLVEMENT/INNOVATIVE PROJECT: (describe past, present or future; attach more sheets if needed)**

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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](mailto:glenda.bronson@Mercy.Net)

405-922-1092