I. **Purpose**: To recognize licensed registered nurses who have a strong desire to become a Faith Community Nurse (FCN) or Faith Community Nurse of OK (FCNAOK) members who desire to enhance their practice as a Faith Community Nurse or Faith Community Health Minister with continuing education, spiritual enrichment, or by providing a presentation on Faith Community Nursing or Health Ministry. Priority will be given to registered nurses.

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

III. **Criteria for Awarding Scholarship**:

   a. **Applicant Criteria**
      1. a) Enrolled (or in the process) for a scheduled Foundation Course for becoming a Faith Community Nurse (FCN)
      b) Enrolled for a continuing education course related to the practice of Faith Community Nursing or Health Ministry.
      c) Enrolled for a spiritual retreat or spiritual enhancement program.
      d) Asked to be a conference speaker or presenter with a topic related to Faith Community Nursing or Health Ministry.
      2. Involved with a faith community (FC).
      3. Have a license to practice nursing in the state of Oklahoma (or USA), or be a member of a Faith Community Health Ministry.

   b. **Application Requirements**
      1. Submit this completed application no later than two weeks prior to the deadline of the scheduled FCN Foundation course, continuing education course, spiritual enhancement program, or conference scheduled to be a presenter.
      2. Attach the course or program brochure to include course description, fees, and CEU information.
      3. If applying for the Foundation Course:
         a) Attach 3 personal and professional goals related to Faith Community Nursing.
b) Attach 2 letters of recommendation. (one from pastor or FC leader)

4. If applying for continuing education or spiritual enrichment attach 2-3 personal and professional goals stating how this course or program will enhance your practice as a Faith Community Nurse or Health Minister.

5. If applying as a presenter provide information on target audience, topic, and purpose of presentation.

c. Sign a formal agreement agreeing to:
   a) become and/or remain a paid member of FCNA OK for at least 2 years.
   b) initiate and/or support Health Ministry in the faith community.
   c) provide a brief presentation at a quarterly meeting of FCNAOK on the CEU offering, spiritual retreat or presentation within one year of attendance.
   d) complete interview with Scholarship Committee or designee as requested.

IV. **Funding allocation basis**

Scholarships are available based on scholarship guidelines which include:

a. Support of expenses up to 50% with a maximum reimbursement of $500 for an FCNAOK member to speak or present to other nurses interested in FCN or Health Ministry.

b. Reimbursement to an FCNAOK member who would like to attend a retreat for spiritual enrichment, and/or professional learning related to Faith Community Nursing for registration expenses with a maximum reimbursement of 50% up to $200. If attending a national conference reimbursement of 50% up to $250.

c. Scholarship of 50% of registration to a Registered Nurse taking the Faith Community Nurse Foundation Course.

d. Scholarships will only be awarded to cover actual course costs.

e. Presenters may be reimbursed for expenses related to presentation that are not covered by the conference.
FAITH COMMUNITY NURSES ASSOCIATION OF OKLAHOMA
SCHOLARSHIP APPLICATION

NAME: ____________________________________________ DATE: ______________________________

NAME/DENOMINATION OF FAITH COMMUNITY: ____________________________________________

LENGTH OF MEMBERSHIP FCNAOK: __________________________________________________________

TYPE OF INVOLVEMENT: ___________________________________________________________________

EDUCATIONAL BACKGROUND:

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

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

_____________________________________________________________________________
_____________________________________________________________________________

Have you sought any other avenue for the financial costs of the course/presentation? Yes/No

If yes have you been provided any other financial assistance? Yes/No  If yes, please explain
_____________________________________________________________________________
_____________________________________________________________________________

If you are not awarded this scholarship, will you still plan to attend the offering? Yes/No

I certify that I have read the guidelines, criteria for selection, and requirements if selected. I understand the requirements and am willing to abide by them. I have attached all requested information. I have signed the attached formal agreement.

Signature of Applicant: _______________________________ Date: _____________

Due no later than 2 weeks prior to Course Commencement.
Send Completed Application to:
Glenda Bronson
1609 Raquel Road Edmond,
OK 73003
glenda.bronson@Mercy.Net
405-922-1092
Fax 405-752-3380