

FAITH COMMUNITY NURSES ASSOCIATION OF OKLAHOMA

THE NELDA HOBBS SCHOLARSHIP APPLICATION FOR CONTINUING EDUCATION,

SPIRITUAL ENRICHMENT AND PRESENTATION

- 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 Nelda Hobbs Scholarship Fund of the FCNAOK.

- III. **Criteria for Awarding Scholarship:**
 - 1 Applicant Criteria
 - 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.
 - e) Involved with a faith community (FC).
 - f) Have a license to practice nursing in the state of Oklahoma (or USA), or be a member of a Faith Community Health Ministry.
 - 2 Application Requirements
 - a) 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.
 - b) 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.
- 6 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
NELDA HOBBS SCHOLARSHIP APPLICATION**

NAME: _____ **DATE:** _____

NAME/DENOMINATION OF FAITH COMMUNITY: _____

LENGTH OF MEMBERSHIP FCNAOK: _____

TYPE OF INVOLVEMENT: _____

EDUCATIONAL BACKGROUND:

Name/Location of Institution (post high school)	Major/Degree	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)

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:

FCNA OK Treasurer,

Attn: Lana Bolhouse

14209 SE 75th

Oklahoma City, OK 73150

405-655-5593

fcnaok@gmail.com