



## Practical Nursing 2020 Scholarship Application

### Purpose

The purpose of the NFTC Practical Nursing Scholarship is to provide financial assistance to qualified graduating high school seniors who have demonstrated career interest in the health sciences.

### Awards

One **\$1000 scholarship** award is available for the Practical Nursing program in the North Florida Area. Awards must be used within two years of notification of receipt of scholarship and awards are non-transferable.

### Eligibility

1. Applicants must be graduating high school seniors from the North Florida Area.
2. Applicants must be U.S. citizens.
3. Must meet all minimum requirements for entrance into the Practical Nursing program. (Find enrollment criteria at [www.NFTC.edu](http://www.NFTC.edu))

### Selection Criteria

1. Demonstrated or expressed interest in health science education.
2. **Student essay. No Essay – No Scholarship!**
3. Minimum unweighted GPA of 3.00.

### Application Requirements

To be considered for the scholarship award, applications must be completed and returned to NFTC no later than Tuesday, April 21, 2020. The application must include:

1. A completed application form. Only completed application forms will be considered.
2. An official high school transcript displaying the student's unweighted GPA.
3. A one page typed (< 750 words) essay stating the applicant's qualifications; educational and career goals; and, nature of the financial need.

All three of the above items must be received by the stated deadline of Tuesday, April 21, 2020 before the application will be considered. Partial scholarships will not be awarded. Completed applications should be delivered or sent to: The NFTC Scholarship Program, Attention: Mr. John Tinsler, North Florida Technical College, 609 North Orange Street, Starke, FL 32091-2434.



**Practical Nursing Scholarship Application  
Application Form**

Applicant's complete name: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone number: \_\_\_\_\_ Cell phone: \_\_\_\_\_

High school name and address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please select which class you would like:**       **Day Class**      **or**       **Evening Class**

Circle one: I am a U.S. Citizen.      YES      NO

**Employment Information:**

Date	Company and Position Held	City, State

**List current and past extra-curricular school activities and leadership roles:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**List specific Health Science related experiences  
(Personal or professional):**

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### **Application Statement:**

The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from the scholarship.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**All materials must be received by Tuesday, April 21, 2020.**

**If you have any questions or concerns, please contact**

**Mr. John Tinsler at (904)966-6785.**