

CHARLOTTE DISON, R.N. NURSING SCHOLARSHIP

NURSE ASSOCIATES

The Nurse Associates have established a \$750.00 scholarship for undergraduate nursing students in the name of Charlotte Dison, R.N. A scholarship will be awarded to a different nursing student yearly in November.

As Chief Nurse Executive of Baptist Hospital for 32 years, Charlotte Dison has been a devoted advocate of the nursing profession and of educational advances for nurses. Currently Vice President Emeritus of Baptist Health South Florida, Mrs. Dison continues to be involved in state, national and international nursing activities.

The Nurse Associates is an organization of nurses who are currently not working in the nursing profession. The group meets monthly at Baptist Hospital, volunteers in various activities and supports the nursing profession by granting scholarships to nursing students. The Nurse Associates Scholarship Committee, including Mrs. Dison, will select the best-qualified candidates for our scholarships.

REQUIREMENTS

You must:

- be a United States citizen and a Florida resident (proof required)
- be enrolled in an undergraduate nursing program in the Miami-Dade or Monroe County area
- have completed at least one semester of clinical nursing courses with a minimum of a 3.0 grade point average or letter grade of B.
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APPLICATION

Please complete the attached application and provide the following documents:

- Proof of residency
- An official transcript of your grades
- A letter of reference from one of your nursing instructors
- A letter of reference from a non-relative who has known you for at least five years
- A statement indicating your reason for choosing nursing as a career, your nursing goals, and why you need this scholarship.

Completed applications, including all supporting documents and letters, must be received no later than **September 15th**. Mail to the following address:

Nurse Associates
c/o June K. Britton, R.N.
6701 S.W. 116 Court, #309
Miami, Florida 33173

CHARLOTTE DISON, R.N. NURSING SCHOLARSHIP APPLICATION

NURSE ASSOCIATES

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE _____ E-MAIL _____

SCHOOL CURRENTLY ATTENDING _____

HIGH SCHOOL GPA _____ ACT _____ SAT _____

COLLEGE GPA _____

Have you applied for financial aid? _____ Have you received any other scholarships? _____
If so, please list, giving the names and amounts of each scholarship and other financial aid, including stipends for books and fees, etc.

1. _____

2. _____

3. _____

PRESENT EMPLOYER _____

OCCUPATION _____ LENGTH OF EMPLOYMENT _____

OTHER WORK EXPERIENCE _____

1. _____

2. _____

COMMUNITY INVOLVEMENT/SERVICE/ACTIVITIES _____

1. _____

2. _____

3. _____