



Royce Nursing Foundation

Jackson Memorial Hospital School of Nursing

Scholarship/Grant Policy and Procedure

PURPOSE

To provide financial assistance to individuals who are either currently enrolled in nursing programs or who are already licensed as an RN and interested in pursuing advanced degrees, continuing education, or research studies.

QUALIFICATIONS: Applicants must be one of the following

- Attending school or practicing as a Registered Nurse
- Preference is given to JMH School of Nursing Alumni and Jackson Health System employees

1. Applicants seeking financial assistance for nursing school must be currently enrolled in a nursing program in an NLN or CCNE accredited School of Nursing and have a minimum 3.0 cumulative grade point average (GPA).
2. Applicants seeking scholarship for advanced degrees must have a current license to practice as a registered nurse and have a minimum 3.5 GPA.
3. Applicants seeking grants for continuing education must submit course description, proof of attendance and receipt of payment.
4. Applicants for research projects must submit proof of approval from an institutional review board (IRB) and a description of the project.

PROCEDURE

1. All information submitted must be typed. No handwritten documents will be considered.
2. Submit two (2) copies of the application for committee review.
3. Submit current resume or CV.
4. Applicants for nursing school tuition must submit one (1) copy of "official transcript" from the most recent nursing course/program, sent directly from the school to the Royce Nursing Foundation.
5. Submission deadlines
Applications for continuing education may be submitted for preliminary approval but must be submitted no later than 30 days after the end of the program.
6. Award
 - Payment for nursing school or continuing education will be made within six weeks after submission of required documentation.
 - Payment for research grants will be made within six weeks after application approval by the Royce Foundation.

Any missing or handwritten documents will disqualify the application.

Submit to: Royce Nursing Foundation
15060 Egan Lane
Miami Lakes, FL 33014



Royce Nursing Foundation

Jackson Memorial Hospital School of Nursing

Scholarship/Grant Application

All information that is submitted must be typed.
No handwritten documents will be considered.

Date _____

Name _____ Credentials _____

Present address _____

City/State/Zip _____

Home phone _____ Work phone _____

Current employer _____ NA _____

Address _____

RN license number _____ NA _____ Years of work experience _____

Professional organization membership _____

Student status: A.D. _____ Bachelor _____

Master _____ PhD _____

Name of school _____

Address _____

Credit hours completed towards degree _____ Anticipated date of graduation _____

Anticipated expenses and credit hours to be taken:

Cost per credit hour \$ _____ Credit hours to be taken _____

Total tuition for credits \$ _____

Seminar registration fee \$ _____

The following must be submitted for application to be considered for nursing school tuition:

Two (2) copies and stapled:

- Current resume
- Completed application
- Personal statement
- One (1) copy of official transcripts (sent directly from the school and not included in the packets)

The following must be submitted for financial assistance for continuing education:

- Course description
- Proof of attendance
- Receipt of payment

The following must be submitted for financial assistance for research projects:

- Description of project
- Proof of applicable IRB approval
- Budget

Please indicate if you are receiving financial assistance for your education/project.

Funding agency _____

Amount _____ Date of assistance _____

Personal statement to include: *(2 pages maximum, must be typed)*

- Your role as a nurse
- How you will apply your degree to nursing
- Contributions you have made to nursing
- Financial need
- Your professional goals
- Volunteer community activities related to nursing

I have read all of the above requirements and agree to the above conditions for payment of scholarship. I am submitting two (2) copies of this application, collated and stapled, and one (1) official copy of my transcripts from the most recent degree program. I understand that if I have not completed nine (9) hours in my current program, the previous program will determine the GPA. All courses must be completed and grades submitted with copies of expenses for reimbursement.

Applicant's signature _____ Date _____

Decisions of the Royce Nursing Foundation are final.