



**Florida Nurses Association South Region**  
Miami-Dade, Broward and Monroe Counties

February 2026

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FNA South Region is pleased to announce the availability of several **Nursing Scholarship Awards** for the year 2026. I have attached the application along with the scholarship guidelines. The student nurse scholarships are for students who can verify that they are **sophomores (in an Associate Degree Program), currently enrolled in an Accelerated BSN Program, RN to BSN program, juniors in a Baccalaureate Degree Program or enrolled in a MSN, DNP, or PhD program.** Please share the applications with eligible students and encourage them to apply as soon as possible. **The deadline is for applications to be emailed no later than 04/03/2026.** Please have them submit the complete applications with letters of reference to the email address below.

Submit applications to: [fnasouthscholarships@gmail.com](mailto:fnasouthscholarships@gmail.com)

The finalists will be notified and will be the guests of FNA South Region at our Annual Symposium and Awards Ceremony where they will be recognized for their achievements:  
**Recipient must attend the event to be eligible for award.**

Date of Symposium:  
**Annual South Region  
Florida Nurses Association  
Symposium and Awards Ceremony  
Saturday, April 18, 2026  
Location: Gulfstream Park  
Sport of Kings Theatre  
901 S. Federal Highway  
Hallandale Beach, FL 33009**

Any inquiries can be made at:  
[eolafson@fiu.edu](mailto:eolafson@fiu.edu)

Thank you for your attention and cooperation,

Sincerely,

A handwritten signature in black ink that reads "Elizabeth Olafson RN".

Elizabeth Olafson, PhD, MEd, RN  
Chairperson, Scholarship Committee  
FNA South Region

Miami-Dade, Broward, and Monroe Counties  
**2026 APPLICATION FOR NURSING STUDENT SCHOLARSHIP**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Marital Status: Single\_\_\_\_ Married\_\_\_\_ Widowed\_\_\_\_ Divorced\_\_\_\_ Other \_\_\_\_\_

If yourself or either parent is a member if FNA South Region give name(s): \_\_\_\_\_

Have you or any of your family been employed or attended school at Jackson Health Systems or Jackson School of Nursing? Yes/No: \_\_\_\_\_

Relationship and When: \_\_\_\_\_

Length of residence in Broward/Miami-Dade/Monroe County: \_\_\_\_\_

Number of Dependents: \_\_\_\_ Relationship: \_\_\_\_\_

Nursing college/school and program (AO, Generic BSN, AS, PhD, DNP, MSN) attending

\_\_\_\_\_

Expected date of graduation \_\_\_\_\_ **\*\*Attach current unofficial transcript of grades**  
Submit **two letters of reference** to be scanned and emailed with your application. (At least one letter must be written by a current faculty member from your College/School of Nursing)

Place of employment of applicant: \_\_\_\_\_ Annual income: \_\_\_\_\_

Spouse's name and place of employment: \_\_\_\_\_

\_\_\_\_\_ Annual financial support from spouse: \_\_\_\_\_

Do you receive any other benefits e.g., scholarship, social security, veterans? Yes/No \_\_\_\_\_

If yes: Amount received: \_\_\_\_\_ Year: \_\_\_\_\_

Have you received a student loan? \_\_\_\_\_ If yes: Amount: \_\_\_\_\_ Year: \_\_\_\_\_

Send an essay with this application and tell us about you. Include in your essay your reason for seeking financial aid and why you are the best applicant. (Remember, only students within Miami-Dade, Broward and Monroe Counties are eligible). All letters may be sent in the same email with the application and unofficial transcript. **Recipient must attend the event in person to be eligible for an award.**

I certify that the information contained herein is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

Email completed application to the below address:  
[fnasouthscholarships@gmail.com](mailto:fnasouthscholarships@gmail.com)

Email any questions to [eolafson@fiu.edu](mailto:eolafson@fiu.edu)  
**\*\*APPLICATION MUST BE SUBMITTED NO LATER THAN 04/03/2026.**