DAVID WAYNE GILBERT ORTHOPEDICS NURSING SCHOLARSHIP

Criteria:

1. The applicant will have successfully completed the first semester of the Associate Degree Nursing Program at Texarkana College with a 3.2 GPA. Please attach your most recent transcript.

2. An applicant must have financial need for assistance.

3. Two letters of recommendations are to be submitted addressing the applicant’s professionalism, work habits and character.

4. Submit resume.

5. Applicant’s are to discuss in writing:

   What influenced the decision to become a Registered Nurse.

   Personal and professional goals, and involvement in community, church, and other awards or activities.

   The reason for seeking scholarship assistance, including financial need.

The Selection Committee will be composed of nursing instructors from the Health Occupations Division of Texarkana College.

The Selection Committee will review applications and a decision will be made.

The Selection Committee will present the completed application including the letters of recommendation for the student they have selected to the David Wayne Gilbert family and Dr. and Mrs. John Gregory for final approval.

It is our goal to support the committee’s decision, however, we request to reserve the right for final approval.

Deadline for submission of application will be determine by the Selection Committee/ Texarkana College.
The applicant is to discuss in writing:

What influenced you decision to become a Registered Nurse?

Your personal and professional goals:

Your involvement in community, church, and other activities

The reason for seeking scholarship assistance including financial need
Texarkana College
Health Science Division

SCHOLARSHIP APPLICATION

1. Name________________________________________________   2. SSN______-____-______
   Last   First   MI

3. Address ___________________________________    _______________
   Street       County
   ___________________________________  _______ _______  ________
   City     State  Z ip code

4. Ethnic Origin: (Circle)   Black   Asia/Pacific  Native American  Hispanic  Caucasian
   Multicultural   Other_________

5. Identify Program and Level in Program you are currently enrolled. (Circle Program and Level)
   ADN   1st year   2nd year
   VN   1st Semester   2nd Semester   3rd Semester
   EMT OR PARAMEDIC
   CNA
   PHARMACY TECH

6. Currently employed:   Yes   No   Are you an LVN?  Yes   No
   If yes, place of employment: _________________  Number of hours worked per week: __

7. Have you completed a free application for federal student aid (FAFSA) for Texarkana College this academic year?  Yes   No

8. Are you receiving: (Circle)    WIA   Yes     No
   Rehabilitation funding   Yes     No

9. Circle other sources of funding:   Pell Grant TPEG FSEOG AFDC
   Public welfare   *other__________________
*Please list the name of other sources, i.e. employer reimbursement, private scholarship, etc

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10. Completed by Financial Aid Office:
   Student Unmet Need   $ ______________

11. Completed by Faculty:
   Program academic standing and attendance record:   GPA_____ Academic standing_____ Attendance_____
   Comments or recommendations:
   Faculty signature: ____________________________________

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General Health Science Scholarship ann.doc