

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 your 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 _____

SCHOLARSHIP APPLICATION

1. Name _____ 2. SSN _____ - _____ - _____
Last First MI

3. Address _____
Street County
City State Zip 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: _____