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__________ 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  FSEOG  AFDC
   TPEG  *other________________________
   Public welfare
   *Please list the name of other sources, i.e. employer reimbursement, private scholarship, etc

For Official Use Only

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:______________________________________