LUCILLE ELGIN
NURSING SCHOLARSHIP

Criteria:

1. The applicant will be currently enrolled in the Associate Degree Nursing or Vocational Nursing Program at Texarkana College with satisfactory academic progress. A copy of the most recent transcript must be attached.

2. A current resume.

3. A 300-word essay on the topic of “Why you want to be a nurse.”

4. The applicant must submit completed application form.

The Selection Committee will be composed of members of the standing Health Science Awards/Scholarship Committee and the Division Director of Health Occupations.

The Selection Committee will review applications and a recommendation will be forwarded to the Texarkana College Board of Trustees for approval.

“The recipient will represent a student whose character, dedication, compassion, work ethic and commitment to the nursing profession sets them apart from his/her colleagues.”

The Board of Trustees reserves the right for final approval of the recipient.
LUCILLE ELGIN
NURSING SCHOLARSHIP APPLICATION

Name ____________________________________________
Address ______________________________________________________________________
City ___________________________________ State _________ Zip _________________

CRITERIA:

1. The applicant will be currently enrolled in the Associate Degree Nursing with satisfactory academic progress. A copy of the most recent transcript must be attached.

2. A current resume.

3. Discuss and submit in printed form a 300-word essay on the topic “Why you want to be a nurse.” No more than one typed page.
Texarkana College
Health Science Division

SCHOLARSHIP APPLICATION

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

3. Address ____________________________________________ County
   Street
   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  Rehabilitation funding
   Yes  No
   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

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:______________________________

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General Health Science Scholarship Application doc