SHIRLEY FINN
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.
SHIRLEY FINN
NURSING SCHOLARSHIP APPLICATION

Name ________________________________________________________________________

Address ______________________________________________________________________

City ___________________________________ State ____________  Zip _________________

Currently enrolled in:     Associate Degree Nursing Program
Vocational Nursing Program

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 ___________________________________    _______________
   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

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 ann.doc