

DR. CORINNE R. DAVIS NURSING SCHOLARSHIP

Criteria:

1. The applicant will have successfully completed the first semester of the Associate Degree Nursing or Vocational Nursing Program at Texarkana College with a 3.0 GPA. A copy of the most recent transcript must be attached.
2. Two letters of recommendations must be submitted from faculty, addressing the applicant's character, dedication, compassion, work ethic and commitment to nursing.
3. 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.

**DR. CORINNE R. DAVIS
SCHOLARSHIP APPLICATION**

Name _____

Address _____

City _____ State _____ Zip _____

Currently enrolled in: Associate Degree Nursing Program _____
Vocational Nursing Program _____

CRITERIA:

1. The applicant must have successfully completed the first semester of the Associate Degree or be enrolled in the first semester of the Vocational Nursing Program at Texarkana College with a 3.0 GPA. A copy of the most recent transcript must be attached.
2. Two letters of recommendation must be submitted from faculty.
3. Discuss and submit in printed form. No more than one typed page.
 - A. What influenced your decision to become a nurse.
 - B. Your personal and professional goals.
 - C. Your involvement in Community, Church and Other Activities.
 - D. The reason for seeking scholarship assistant 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: _____