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.
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.
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   1 st year  2 nd year
   VN   1 st Semester  2 nd Semester  3 rd 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:__________________________________ 10/14