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.
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: ____________________________

10/14

General Health Science Scholarship Application