

2008-2009 Application for a Professional Nursing Scholarship

Please be sure to complete all the questions below

FOR ALL STUDENTS:

1.	Last Name	First Name	Middle Initial	2.	Social Security Number
3.	Street Address			4.	County of Residence
	City		Zip	5.	High School County
6.	Ethnic Origin (optional)		7.	Program of Study	
	<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/Other			<input type="checkbox"/> ADN <input type="checkbox"/> BSN/Graduate	
			8.	Graduation Date (mm/yy)	
			Tx Resident?		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		

10. Does the student receive TANF or some other type of public welfare? Yes No
 If yes, through what program? _____
11. Currently employed as LVN? Yes No If yes, employer: _____
12. Currently employed by State of Texas? Yes No
 If yes, agency: _____ Title of position held: _____
13. City/County where student plans to practice as a professional nurse? _____ / _____

FOR CONTINUING OR TRANSFER COLLEGE STUDENTS ONLY:

14. College grade point average: _____ on a scale of _____; _____ on a 4.00 scale

TO BE FILLED OUT BY FINANCIAL AID OFFICE:

	Program	Priority
15 a. Consider this student for:	<input type="checkbox"/> Prof Nsg Student Scholarship	_____ of _____
	<input type="checkbox"/> Rural Scholarship	_____ of _____
	<input type="checkbox"/> LVN to RN Scholarship	_____ of _____
	<input type="checkbox"/> Rural BSN/Graduate Scholarship	_____ of _____

15 b. Cost of attendance*:	\$ _____	15 f. Disbursement schedule:
15 c. Student resources:	\$ _____	Date (MM/YY) Amount
15 d. Student need:	\$ _____	_____ / _____ \$ _____
		_____ / _____ \$ _____
15 e. Recommended award:	\$ _____	_____ / _____ \$ _____
		_____ / _____ \$ _____

CERTIFICATION

I hereby certify that I have applied or caused to be applied all rules and regulations regarding this program in determining student eligibility and recommending this student for the award indicated above. I will maintain the necessary records to justify this award in case of a program audit.

Institution/Fice Code	E-Mail Address	Date
Signature of Director of Financial Aid		Telephone No.