

TEXAS NURSES DISTRICT 9 FOUNDATION

GUIDELINES FOR APPLICATION FOR SCHOLARSHIP FUNDS

Applications must be received by **September 15, 2017**

Applications and inquiries should be sent to:

***Grant and Scholarship Committee
Texas Nurses District 9 Foundation
7324 Southwest Freeway, Suite 1453
Houston, TX 77074***

1. Scholarship application must be submitted online at tnadistrict9.com, click Scholarships/Grants or **electronically** to tna9@tnadistrict9.com and include the following information:
 - a. Cover Page - A number will be assigned to all applications and the cover page removed so that all reviews will be blind. Three reviewers will read each application.
 - b. Applicant Information
 - c. Scholarship Agreement
 - d. Address each area in narrative format (2-3 pages)
 - Career Goals
 - Plan for achievement of career goals
 - Financial need
 - Contribution of this Scholarship to Achievement of Career Goals
 - e. Appendices must include:
 - Resume or Vitae
 - Two letters of reference with support (one must be a faculty person)
 - Copy of current transcript from nursing program with cumulative GPA (photocopies are acceptable).
2. **Two** copies of the **entire** application must be sent to the committee at the above email address.
 - a. Please delete all identifying information from **one** of the two copies that you submit, including:
 - Name
 - School Attending
 - References name and institutions
3. No indirect funds will be provided.

TEXAS NURSES DISTRICT 9 FOUNDATION

APPLICATION FOR SCHOLARSHIP FUNDS

COVER PAGE

NAME:		
PERMANENT MAILING ADDRESS:		
TELEPHONE NUMBER: CELL:	HOME:	WORK:
EMAIL:		
TITLE OF EDUCATIONAL PROGRAM:		

TEXAS NURSES DISTRICT 9 FOUNDATION

APPLICANT INFORMATION

NAME:		
PERMANENT ADDRESS:		
TELEPHONE NUMBER: HOME:	WORK:	
CELL PHONE NUMBER:	EMAIL ADDRESS:	
TITLE OF EDUCATIONAL PROGRAM:		
DEGREE/CERTIFICATION SOUGHT:		
SCHOOL FROM WHICH DEGREE/CERTIFICATION IS SOUGHT:		
IF RN, STATE IN WHICH REGISTERED:	LICENSE NUMBER:	
LISTING OF TNA, DISTRICT 9 OR TNSA ACTIVITIES:		
PREVIOUS AND CURRENT SCHOLARSHIPS (INCLUDING TNA):		
PREVIOUS EDUCATION:		
SCHOOL:	DEGREE:	DATE:
SCHOOL:	DEGREE:	DATE:
SCHOOL:	DEGREE:	DATE:
IF EMPLOYED, CURRENT POSITION: (PLEASE CHECK ONE) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
INSTITUTION:	TITLE:	
HAVE YOU OR WILL YOU RECEIVE TUITION REIMBURSEMENT FROM YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, PLEASE LIST AMOUNT RECEIVED: \$		

TEXAS NURSES DISTRICT 9 FOUNDATION

SCHOLARSHIP AGREEMENT

TITLE OF EDUCATIONAL PROGRAM:	
AMOUNT REQUESTED (MAXIMUM \$1000):	
DATE ENROLLED IN PROGRAM:	PROJECTED GRADUATION DATE:
CURRENT ENROLLMENT STATUS:	<input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE

If a scholarship is awarded to me, I agree to:

- Use the scholarship for education needs;
- Notify the Scholarships & Grants Committee in writing, the graduation date of my nursing program;
- Acknowledge the contribution of Texas Nurses District 9 Foundation under scholarships and grants in my resume/vitae;
- Serve on one TNA, District 9 committee and/or attend monthly meetings.

SIGNATURE:	DATE:
------------	-------

TEXAS NURSES DISTRICT 9 FOUNDATION

**SCHOLARSHIP APPLICATION CHECKLIST
(To be completed by applicant)**

Title of Educational Program:

Requirements:	Yes	No
1. Registered Nurse or Student in RN program	<input type="checkbox"/>	<input type="checkbox"/>
2. Member of TNA, District 9 or TNSA chapter	<input type="checkbox"/>	<input type="checkbox"/>
3. Signed Agreement	<input type="checkbox"/>	<input type="checkbox"/>
4. Received by required date	<input type="checkbox"/>	<input type="checkbox"/>
5. Two copies of entire application and appendices received (1 without identifying information)	<input type="checkbox"/>	<input type="checkbox"/>
6. Requested appendices are attached		
a. Resume or Vitae	<input type="checkbox"/>	<input type="checkbox"/>
b. Letters of support (2)	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of transcript	<input type="checkbox"/>	<input type="checkbox"/>
d. Copy of narrative	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any in the "No" column is checked, the application is disqualified.