

TEXAS NURSES DISTRICT 9 FOUNDATION

**GUIDELINES FOR APPLICATION FOR
DONNA WOOTEN NURSING EDUCATION SCHOLARSHIP FUNDS**

Applications must be received by **September 15, 2014**

Applications and inquiries should be sent to:

***Donna Wooten Nursing Education Scholarship Committee
Texas Nurses District 9 Foundation
2370 Rice Boulevard, Suite 109
Houston, Texas 77005***

1. Scholarship application must be submitted **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
 - One letter of reference with support (preferably faculty)
 - 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
DONNA WOOTEN NURSING EDUCATION SCHOLARSHIP FUNDS**

COVER PAGE

NAME:	
ADDRESS:	
TELEPHONE NUMBER: HOME:	WORK:
EMAIL:	
EDUCATIONAL PROGRAM: <input type="checkbox"/> LVN to RN <input type="checkbox"/> Associate Degree RN	

TEXAS NURSES DISTRICT 9 FOUNDATION

**DONNA WOOTEN NURSING EDUCATION SCHOLARSHIP
APPLICANT INFORMATION**

NAME:		
PERMANENT ADDRESS:		
TELEPHONE NUMBER: HOME:	WORK:	
CELL PHONE NUMBER:	EMAIL ADDRESS:	
EDUCATIONAL PROGRAM & DEGREE/CERTIFICATION SOUGHT: <input type="checkbox"/> LVN to RN <input type="checkbox"/> Associate Degree RN		
SCHOOL FROM WHICH DEGREE/CERTIFICATION IS SOUGHT:		
IF LVN, STATE IN WHICH REGISTERED:	LICENSE NUMBER:	
LISTING OF TNA, DISTRICT 9 OR TNSA ACTIVITIES:		
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

DONNA WOOTEN NURSING EDUCATION SCHOLARSHIP AGREEMENT

EDUCATIONAL PROGRAM:	<input type="checkbox"/> LVN to RN	<input type="checkbox"/> Associate Degree RN
AMOUNT REQUESTED (MAXIMUM \$1000):		
DATE ENROLLED IN PROGRAM:	PROJECTED GRADUATION DATE:	
CURRENT ENROLLMENT STATUS:	<input type="checkbox"/> 1 ST YEAR	<input type="checkbox"/> 2 ND YEAR

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 from my nursing program;
- Acknowledge the contribution of The Texas Nurses District 9 Foundation under scholarships and grants in my resume/vitae;
- Serve on one TNA, District 9 committee/task force and/or attend monthly meetings.

SIGNATURE:	DATE:
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TEXAS NURSES DISTRICT 9 FOUNDATION

**DONNA WOOTEN NURSING EDUCATION SCHOLARSHIP APPLICATION
CHECKLIST (to be completed by applicant)**

EDUCATIONAL PROGRAM:	<input type="checkbox"/> LVN to RN	<input type="checkbox"/> Associate Degree RN		
REQUIREMENTS:			YES	NO
1. Student in LVN to RN or Associate Degree RN Program			<input type="checkbox"/>	<input type="checkbox"/>
2. Signed Agreement			<input type="checkbox"/>	<input type="checkbox"/>
3. Received by required date			<input type="checkbox"/>	<input type="checkbox"/>
4. Requested appendices are attached:				
a. Resume or Vitae			<input type="checkbox"/>	<input type="checkbox"/>
b. Letter of support (1)			<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"/>
5. TWO copies of application and appendices received (one without identifying information)			<input type="checkbox"/>	<input type="checkbox"/>
Note: If any in the "No" column is checked, the application is disqualified.				