

PROFESSIONAL NURSING SCHOLARSHIP 2009-2010 ACADEMIC YEAR

To receive funds through one of the Professional Nursing Student Scholarship Programs, a student must meet the general eligibility requirements and be enrolled in a professional nursing program, or (if applying for an award through the Scholarship Program for Licensed Vocational Nurses studying to become Professional Nurses) be a Licensed Vocational Nurse enrolled on at least a half-time basis in a program of study leading to licensure as a Professional Nurse. The Financial Aid Office will consider the following factors relating to each applicant:

- 1) College grade point average for continuing or transfer students;
- 2) Geographical area of nursing practice;
- 3) Financial need;
- 4) Whether the student receives TANF (AFDC) or participates in another public welfare program;
- 5) Employment by a state agency;
- 6) Employment on a nursing school faculty of an eligible institution; and
- 7) Whether the student at the time of application is a practicing nurse in an area with an acute nursing shortage or is likely to practice in such an area.

- BEFORE submitting the application to the Financial Aid Office, all applications must be completed (#1-13) by the student. An incomplete application will NOT be considered.
- All applicants MUST complete the 2009-2010 Free Application for Federal Student Aid (FAFSA) and the results MUST be on file by the deadline date.
- Please attach a one (1) page summary explaining why you should be considered for this scholarship award and, your future goals in the nursing field. You may include any financial hardships and/or family special circumstances.
- Applications MUST be turned in to the Financial Aid Office by Friday, September 4, 2009.

Questions about this program can be directed to:

MarQuita Hackett
Associate Director, Financial Aid Office
(903)566-7181
(903)566-7183 fax

Updated 7/2009

2009-2010 Application for Professional Nursing Scholarship
Please be sure to complete all the questions below

FOR ALL STUDENTS: (Please Print)

1.	Last Name First Name Middle Initial		2.	Student ID#	
3.	Street Address		4.	County of Residence	
	City Zip		5.	High School County	
6.	Ethnic Background (optional) <input type="checkbox"/> African American, Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White, Non-Hispanic	7.	Program of Study <input type="checkbox"/> ADN <input type="checkbox"/> BSN/Graduate		
		8.	Texas Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	9.	Graduation Date (mm/yy):

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 the State of Texas? () Yes () No
If yes, agency: _____ Title of position held: _____

13. City/County where student plans to practice as a professional nurse? _____ / _____

TO BE FILLED OUT BY FINANCIAL AID OFFICE:

FOR CONTINUING OR TRANSFER COLLEGE STUDENTS ONLY: Your cumulative GPA will be recorded from the Registrar's Office.

14. College grade point average: _____

15 a. Consider this student for:	Program	Priority
	<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:	\$ _____	_____ / _____ \$ _____
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.

Application Reviewed by:	Date
Award Approved by:	Date

* Adjust the cost of attendance if the student's graduation date (#9 above) is prior to May 2010.