

**Alumni Association Brackenridge Hospital School of Nursing
Edith Huck Turner Memorial Scholarship**

The Alumni awards scholarships to nursing students each semester in memory of Edith Huck Turner, BSN, RN, former Director of the Brackenridge Hospital School of Nursing for twenty-one years.

Eligibility Criteria

1. Must be a United States citizen.
2. Academic status:
 - A. Must be enrolled as a part time or full time **undergraduate** student at the School of Nursing at The University of Texas at Austin or in the Associate Degree in Nursing Program at Austin Community College.
 - B. Have completed 12 hours of study in nursing by the application deadline.
 - C. Be in good standing in the course of study.
 - D. Be enrolled in the nursing program for the following semester.

Submitting Application

1. Applications may be obtained from:
 - A. The Student Affairs Office at the School of Nursing, UT Austin
 - B. The Nursing Office at Austin Community College
 - C. Each school's web site, or
 - D. From Margie Snyder, msnyderrn@austin.rr.com
2. The completed application should be accompanied by:
 - A. A personal statement describing your nursing career goals (500 words or less)
 - B. Two (2) letters of recommendation – at least one from a faculty member who can attest to your ability to succeed in the program.
 - C. A copy of your latest transcript, including each college attended.
 - D. If requested, proof that you are registered for the next semester.
 - E. Proof of US citizenship (birth certificate – preferred)
 - f. List of yearly cost of books and tuition

Important Dates

1. Application deadline March 1 for spring award and August 31st for the fall award.
2. Recipients will be notified in April for spring award. Awards will be given in May at time and place to be announced.
3. Receipts will be notified in September for the fall award. The scholarship will be awarded at the annual October Alumni meeting. Recipients must be present to win.

**Alumni Association Brackenridge Hospital School of Nursing
Edith Huck Turner, BSN, RN, Memorial Scholarship**

Name: _____ Date: _____

Social Security: _____ e-mail address: _____

Present Address: _____

Telephone: _____

Permanent Address: _____

Telephone: _____

Education

College/University enrolled in: _____

Degree sought: _____

Expected Date of Graduation: _____ Semester hours of nursing completed: _____

Community/Volunteer Activities:

Organizations and Activities

Dates

| Organizations and Activities | Dates |
|------------------------------|-------|
| | |
| | |
| | |
| | |
| | |

Work Experience: (Begin with current employment)

Employer

Address

Dates Employed

| Employer | Address | Dates Employed |
|----------|---------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Submit application and other requested documents to Scholarship Chairman:

Margie Snyder, RN
Alumni Association, BHSN
134-A Pope Bend Rd. N.
Cedar Creek, Texas 78612-3722