



## Annual Scholarships 2009 Application Form

**Please type the following information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Personal E-Mail: \_\_\_\_\_

**Check one of the following:**

\_\_\_\_\_ I am applying for the ADN Award.

\_\_\_\_\_ I am applying for the BSN Award.

\_\_\_\_\_ I am applying for the Graduate Degree Award.

**How did you learn about the TNA5 Scholarship Program?**

\_\_\_\_\_  
\_\_\_\_\_

**College Currently Attending:** \_\_\_\_\_

Address of School : \_\_\_\_\_

Major: \_\_\_\_\_

Cumulative Grade Point Average: \_\_\_\_\_

Expected date of graduation: \_\_\_\_\_

Nursing Specialty sought: \_\_\_\_\_

**Have you applied for or received other scholarships and/or financial aid?** \_\_\_\_\_ Yes \_\_\_\_\_ No

Source \_\_\_\_\_

Source \_\_\_\_\_

Amount \_\_\_\_\_

Amount \_\_\_\_\_

When expecting funds? \_\_\_\_\_

When expecting funds? \_\_\_\_\_

Please write and attach a typed, double-spaced 300-word essay addressing the following areas:

- What about your life shows commitment to the Nursing profession?
- What are your past achievements and future goals?
- How will the scholarship help support your professional goals?

**OTHER:**

List any **current certification(s)**: \_\_\_\_\_

List any **current license(s)**: \_\_\_\_\_

List your **current student status** (include hours per semester): \_\_\_\_\_

List any **volunteer activities** you have participated in over the last 12 months:

\_\_\_\_\_

List any **civic/professional organizations** you have been a member of over the past 12 months:

\_\_\_\_\_

**List the names and contact phone numbers of your references:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**I hereby certify that the information set forth in this application is true and complete to the best of my knowledge. I intend to continue my nursing education in the TNA District 5 area for the 2009-2010 academic year.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

All application information will be kept confidential among the members of the TNA5 Scholarship Selection Committee. If selected for a scholarship, we will obtain your permission to share your name for future scholarship promotion.

Please return all materials **by March 22nd** to:

**TNA District 5 Annual Scholarships**

**P.O. Box 49476**

**Austin, TX 78765**

[president@tna5.org](mailto:president@tna5.org)



## Annual Scholarships 2009 General Letter of Reference

- Please complete this form on behalf of the applicant who has contacted you.
- Please feel free to attach extended typed comments.
- Completed forms need to be returned to THE APPLICANT in a sealed envelope.
- Please do not return your letter directly to TNA District 5 as all application materials need to be turned in together in one packet by THE APPLICANT.
- Application materials **MUST BE SUBMITTED AS A COMPLETE PACKAGE by March 22nd.**
- Please respect these deadlines as you **return your recommendations to the applicant.**

Applicant's Name : \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

How many years have you known the applicant: \_\_\_\_\_

Describe the nature of the experience you have shared with the applicant.

Why do you think the applicant is or will be a good nurse?

What about the applicant's life shows commitment to the profession of Nursing?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Thank you for your assistance. Any information you have provided will be kept confidential among the members of the TNA District 5 Scholarship Selection Committee.*