

**2009-2010 Application for a Professional Nursing Scholarship**

Please be sure to complete all the questions below

**FOR ALL STUDENTS:**

1. Last Name	First Name	Middle Initial	2. Social Security Number
3. Street Address			4. County of Residence
City		Zip	5. High School County
6. Ethnic Origin (optional) <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian/Other		7. Program of Study <input type="checkbox"/> ADN <input type="checkbox"/> BSN/Graduate	9. Graduation Date (mm/yy)
		8. Tx Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 State of Texas?  Yes  No  
 If yes, agency: \_\_\_\_\_ Title of position held: \_\_\_\_\_
13. City/County where student plans to practice as a professional nurse? \_\_\_\_\_ / \_\_\_\_\_

**FOR CONTINUING OR TRANSFER COLLEGE STUDENTS ONLY:**

14. College grade point average: \_\_\_\_\_ on a scale of \_\_\_\_\_; \_\_\_\_\_ on a 4.00 scale

**TO BE FILLED OUT BY FINANCIAL AID OFFICE:**

	Program	Priority
15 a. Consider this student for:	<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 c. Student resources: \$ \_\_\_\_\_

15 d. Student need: \$ \_\_\_\_\_

15 e. Recommended award: \$ \_\_\_\_\_

15 f. Disbursement schedule:

Date (MM/YY)	Amount
_____ / _____	\$ _____
_____ / _____	\$ _____
_____ / _____	\$ _____
_____ / _____	\$ _____

**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.

Institution/Fice Code	E-Mail Address	Date
Signature of Director of Financial Aid		Telephone No.