



GUIDELINES FOR APPLICATION FOR SCHOLARSHIP FUNDS

Applications must be received by **February 15, 2012**

1. Scholarship application must be submitted **electronically** to Debbie.Pena@victoriacollege.edu 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
 - Two letters of reference with support (one must be a faculty person)
 - 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.

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- Straightest Drive – Pat Zatopek
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- Goodie Bag - Jan Ley, VC SNA, & Debbie Pena
- Signs – Debbie Pena & VC SNA



APPLICATION FOR SCHOLARSHIP FUNDS

COVER PAGE

NAME:	
ADDRESS:	
TELEPHONE NUMBER: HOME:	WORK:
EMAIL:	
TITLE OF EDUCATIONAL PROGRAM:	



SCHOLARSHIP AGREEMENT

TITLE OF EDUCATIONAL PROGRAM:		
DATE ENROLLED IN PROGRAM:	PROJECTED GRADUATION DATE:	
CURRENT ENROLLMENT STATUS:	<input type="checkbox"/> JUNIOR	<input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE

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 of my nursing program;
- Acknowledge the contribution of Texas Nurses Association District 20 under scholarships and grants in my resume/vitae;
- Serve on one TNA, District 20 committee and/or attend monthly meetings.

SIGNATURE:	DATE:
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**SCHOLARSHIP APPLICATION CHECKLIST
(to be completed by applicant)**

Title of Educational Program:

Requirements:	Yes	No
1. Registered Nurse or Student in RN program	<input type="checkbox"/>	<input type="checkbox"/>
2. Member of TNA, District 20, or TNSA chapter	<input type="checkbox"/>	<input type="checkbox"/>
3. Signed Scholarship Agreement	<input type="checkbox"/>	<input type="checkbox"/>
4. Submitted by required date	<input type="checkbox"/>	<input type="checkbox"/>
5. Two copies of application sent (1 without identifying information)	<input type="checkbox"/>	<input type="checkbox"/>
6. Requested appendices attached		
a. Resume or Vitae	<input type="checkbox"/>	<input type="checkbox"/>
b. Letters of support (2)	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of transcript	<input type="checkbox"/>	<input type="checkbox"/>

Note: If any in the "No" column is checked, the application is disqualified.