#### **COVER SHEET**

PLEASE TYPE THE FOLLOWING INFORMATION IN THE SPACES PROVIDED. COMPLETED APPLICATIONS SHOULD BE SUBMITTED TO:

TNSA SCHOLARSHIP COMMITTEE P.O. BOX 763877 DALLAS, TEXAS 75376

IF YOU WOULD LIKE CONFIRMATION THAT YOUR APPLICATION WAS RECEIVED, SEND A SELF-ADDRESSED STAMPED POSTCARD WITH YOU APPLICATION.

	CITY	CTATE	710
	CITY, OF NURSING PRO	STATE  GRAM ARE YOU	ZIP PRESEN
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The TNSA Foundation awards an annual scholarship at state convention in February. The amount awarded is based on a maximum of two qualified winners for a total of \$500 to be split evenly between the recipients. If only one applicant is qualified for the award, then they receive the \$500 scholarship.

APPI	LICATION PACKET CHECKLIST:
	1. COVER SHEET FORM
	2. REQUEST LETTER
	3. ACTIVITY INFORMATION FORM
	4. LETTER DEMONSTRATING INDIVIDUAL BENEFIT FROM SCHOLARSHIP
	5. FACULTY APPROVAL FORM AND LETTER
	6. XEROXED COPY OF NSNA MEMBERSHIP CARD
	DEADLINE FOR SCHOLARSHIP APPLICATIONS IS JANUARY 31, 2017

#### **REQUEST LETTER**

APPLICANT'S SOCIAL SECURITY#:	

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER. ANSWERS SHOULD BE TYPED AND DOUBLE-SPACED.

- 1. PLEASE STATE WHY YOU ARE REQUESTING THIS SCHOLARSHIP.
- 2. WHAT ARE YOUR FUTURE PLANS AND GOALS IN THE NURSING PROFESSION? INCLUDE BOTH SHORT AND LONG-TERM GOALS.

#### **ACTIVITY INFORMATION FORM**

PLEASE TYPE YOUR ANSWERS IN THE SPACE PROVIDED.

- 1. HOW ARE YOU INVOLVED IN YOUR LOCAL CHAPTER OF TNSA?
- 2. HOW ARE YOU INVOLVED IN TNSA AT THE STATE LEVEL?
- 3. HOW ARE YOU INVOLVED IN TNSA/NSNA AT THE NATIONAL LEVEL?
- 4. WHAT LOCAL, STATE OR NATIONAL ORGANIZATIONS ARE YOU INVOLVED IN OTHER THAN TNSA OR NSNA?
- 5. WHAT ACTIVITIES HAVE YOU BEEN INVOLVED IN AT THE LOCAL LEVEL OF TNSA? (i.e. FUNDRAISERS, BLOOD DRIVES, ETC.)
- 6. WHAT COMMUNITY SERVICE ACTIVITIES DO YOU PARTICIPATE IN THAT BENEFIT HEALTH CARE OR NURSING?

### FACULTY APPROVAL FORM AND LETTER

STUI	DENT NAME:	_
SOCI	IAL SECURITY#:	
FAC	ULTY SIGNATURE:	_
TITL	E:	
DAT	E:	
APPI	LICANT'S G.P.A.:	_
	ULTY LETTER: ASE STATE, IN AN ATTACHED LETTER FORMAT	- Γ, WHY YOU

PLEASE STATE, IN AN ATTACHED LETTER FORMAT, WHY YOU ARE RECOMMENDING THIS STUDENT TO RECEIVE THE TEXAS NURSING STUDENTS' ASSOCIATION, INC. SCHOLARSHIP: