

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
SCHOLARSHIP APPLICATION**

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 YOUR APPLICATION.

**NAME AND
ADDRESS:**

CITY, STATE ZIP

WHAT TYPE OF NURSING PROGRAM ARE YOU PRESENTLY ENROLLED IN?

- DIPLOMA**
- A D N**
- B S N**

NAME OF NURSING SCHOOL:

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.

APPLICATION 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**

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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.

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
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FACULTY APPROVAL FORM AND LETTER

STUDENT NAME:

SOCIAL SECURITY#:

FACULTY SIGNATURE:

TITLE:

DATE:

APPLICANT'S G.P.A.:

FACULTY LETTER:

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