

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 BREAKTHROUGH TO NURSING AWARD
APPLICATION**

PLEASE TYPE THE RELEVANT INFORMATION IN THE SPACES PROVIDED.
INCLUDE ANY MATERIALS RELEVANT TO THE PROJECT WITH
SUBMISSIONS. COMPLETED SUBMISSIONS MUST BE RECEIVED BY
JANUARY 31, 2018. SEND SUBMISSIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

CHAPTER NAME:

**SCHOOL NAME AND
ADDRESS:**

CITY,

STATE

ZIP

PHONE NUMBER:

**PROGRAMS AND
PROJECTS DIRECTOR:**

PHONE NUMBER:

E-MAIL ADDRESS:

CHAPTER PRESIDENT:

TITLE OF PROJECT:

LOCATION & DATE:

AUDIENCE(include #):

**NUMBER OF NURSING
STUDENTS
INVOLVED:**

BRIEFLY DESCRIBE THE GOALS OF THIS PROJECT.

BRIEFLY DESCRIBE HOW THIS PROJECT WAS CONDUCTED.

**WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF
YES, INCLUDE CLIPPINGS OR VIDEO.**

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 CHAPTER OF THE YEAR
APPLICATION**

PLEASE TYPE CHAPTER INFORMATION IN THE SPACES PROVIDED. IF ADDITIONAL ROOM IS NEEDED, COMPLETE ANSWERS ON A SEPARATE SHEET OF PAPER, TYPED AND DOUBLE-SPACED. ALL AWARD APPLICATIONS MUST BE SUBMITTED BY **JANUARY 31, 2018**. SUBMIT COMPLETED APPLICATIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

**SCHOOL NAME
AND ADDRESS:**

CITY,

STATE

ZIP

NUMBER OF STUDENTS IN SCHOOL:

NUMBER OF TNSA MEMBERS:

NUMBER OF LOCAL MEMBERS:

PLEASE CHECK PRESENTLY SUBMITTED AWARD APPLICATIONS:

- STATE-WIDE BREAKTHROUGH TO NURSING AWARD
- STATE-WIDE SAVE YOUR QUARTERS AWARD
- STATE-WIDE MEMBERSHIP DRIVE AWARD
- IMAGE OF NURSING AWARD
- POLITICAL INVOLVEMENT AWARD
- OVERALL COMMUNITY HEALTH PROJECT AWARD

PLEASE CHECK THE FOLLOWING STATE COMMITTEES THAT YOUR LOCAL CHAPTER HAS BEEN INVOLVED WITH ON A STATE OR LOCAL LEVEL. INCLUDE SUPPORTING DOCUMENTATION WITH APPLICATION.

- TPAPN
- FINANCE
- NOMINATIONS
- PUBLICATIONS
- POLICY
- MEMBERSHIP
- PROGRAMS
- AUCTION
- BREAKTHROUGH TO NURSING
- IMAGE OF NURSING
- RESOLUTIONS
- BYLAWS
- CONVENTION
- GOVERNMENTAL AFFAIRS
- TNA/TNSA COMMON INTERESTS AND GOALS

PLEASE LIST THE FUNDRAISING ACTIVITIES THAT YOUR CHAPTER HAS DONE AT THE LOCAL LEVEL. (INCLUDE DATES OF ACTIVITIES)

LIST THE HEALTH OR COMMUNITY RELATED ACTIVITIES THAT YOUR LOCAL CHAPTER HAS PARTICIPATED IN. (INCLUDE DATES)

SUBMITTED BY:

PHONE#: _____

E-MAIL: _____

TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 FACULTY OF THE YEAR
APPLICATION FORM

PLEASE TYPE THE FOLLOWING INFORMATION IN THE SPACES PROVIDED. APPLICATIONS MUST BE SUBMITTED BY **JANUARY 31, 2018**. IN ORDER TO BE CONSIDERED FOR THE AWARD. SEND COMPLETED APPLICATIONS TO:

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

NAME OF FACULTY
MEMBER: _____

NAME OF SCHOOL: _____

1. IS THE FACULTY MEMBER A SUBSCRIBER MEMBER?
YES NO
2. DOES THE FACULTY MEMBER PARTICIPATE IN COMMUNITY
SERVICE PROJECTS?
YES NO

IF YES, PLEASE LIST PROJECTS:

3. WHEN IS THE FACULTY MEMBER AVAILABLE TO STUDENTS?
 DURING SCHOOL HOURS
 DURING SCHOOL HOURS AND CLINICAL HOURS
 BOTH OF THE ABOVE AND AT HOME
4. DOES THE FACULTY MEMBER PARTICIPATE IN FUNCTIONS FOR
THE TNSA LOCAL CHAPTER? (i.e. BANQUETS, FUNDRAISING
PROJECTS, ETC.)
YES NO

IF YES, PLEASE LIST THE FUNCTIONS THAT THE FACULTY
MEMBER HAS PARTICIPATED IN:

5. ON A SCALE OF ONE TO TEN RATE THE FACULTY MEMBER'S ABILITY TO EFFECTIVELY COMMUNICATE IDEAS AND CONCEPTS WITH THE STUDENTS.

SELDOM					OFTEN				ALWAYS
1	2	3	4	5	6	7	8	9	10

SUBMITTED BY: _____

PHONE #: _____

Please provide a one page summary as to why you feel this faculty member should receive this award.

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 IMAGE OF NURSING AWARD
APPLICATION**

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED.
INCLUDE WITH APPLICATION ANY MATERIALS RELEVANT TO THIS
PROJECT. AWARD APPLICATIONS MUST BE RECEIVED BY **JANUARY 31,
2018**. SEND COMPLETED APPLICATIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

CHAPTER NAME:

**SCHOOL NAME AND
ADDRESS:**

CITY,

STATE

ZIP

PHONE NUMBER:

**PROGRAMS AND
PROJECTS DIRECTOR:**

PHONE NUMBER:

E-MAIL ADDRESS:

CHAPTER PRESIDENT:

TITLE OF PROJECT:

LOCATION & DATE:

AUDIENCE(include #):

**NUMBER OF NURSING
STUDENTS
INVOLVED:** _____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED: _

**WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF
YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.**

**WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO
RECEIVE THIS AWARD?**

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 POLITICAL INVOLVEMENT AWARD
APPLICATION**

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED.
INCLUDE WITH APPLICATION ANY MATERIALS RELEVANT TO THIS
PROJECT. AWARD APPLICATIONS MUST BE RECEIVED BY **JANUARY 31,
2018**. SEND COMPLETED APPLICATIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

CHAPTER NAME:

**SCHOOL NAME AND
ADDRESS:**

CITY, STATE ZIP

PHONE NUMBER:

**PROGRAMS AND
PROJECTS DIRECTOR:**

PHONE NUMBER:

E-MAIL ADDRESS:

CHAPTER PRESIDENT:

TITLE OF PROJECT:

LOCATION & DATE:

AUDIENCE(include #):

**NUMBER OF NURSING
STUDENTS
INVOLVED:** _____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED: _

WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.

WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO RECEIVE THIS AWARD?

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 SAVE YOUR QUARTERS AWARD
APPLICATION**

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED.
INCLUDE WITH APPLICATION ANY MATERIALS RELEVANT TO THIS
PROJECT. AWARD APPLICATIONS MUST BE RECEIVED BY **JANUARY 31,
2018**. SEND COMPLETED APPLICATIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

CHAPTER NAME:

**SCHOOL NAME AND
ADDRESS:**

CITY, STATE ZIP

PHONE NUMBER:

**PROGRAMS AND
PROJECTS DIRECTOR:**

PHONE NUMBER:

E-MAIL ADDRESS:

CHAPTER PRESIDENT:

**NUMBER OF NURSING
STUDENTS
INVOLVED:** _____

BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED:

HOW MUCH MONEY WAS COLLECTED BY YOUR CHAPTER?

**WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF
YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.**

**WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO
RECEIVE THIS AWARD?**

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 STUDENT OF THE YEAR
APPLICATION FORM**

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED OR CIRCLE THE NECESSARY INFORMATION WHEN APPROPRIATE. THE DEADLINE FOR APPLICATIONS IS **JANUARY 31, 2018**. MAIL COMPLETED APPLICATIONS TO:

**TNSA AWARDS COMMITTEE
P.O. BOX 763877
DALLAS, TEXAS 75376**

STUDENT NAME:

NAME OF SCHOOL:

**NAME OF INDIVIDUAL OR GROUP THAT IS SUBMITTING THIS
APPLICATION:** _____

PHONE#: _____

E-MAIL: _____

1. IS THE STUDENT AN ACTIVE MEMBER OF TNSA?

NO YES, 1 YEAR YES, 2 YEARS

**2. DOES THE STUDENT CURRENTLY HOLD A POSITION ON
THE TNSA BOARD OF DIRECTORS?**

YES NO

**3. DOES THE STUDENT CURRENTLY HOLD A POSITION ON
A STATE COMMITTEE?**

YES

NO

4. IS THE STUDENT AN ACTIVE MEMBER OF THE LOCAL CHAPTER?

NO

YES, 1 YEAR

YES, 2 YEARS

5. DOES THE STUDENT CURRENTLY HOLD A POSITION ON THE LOCAL BOARD OF DIRECTORS?

YES

NO

6. DOES THE STUDENT CURRENTLY HOLD A POSITION ON A LOCAL COMMITTEE?

YES

NO

7. DOES THE STUDENT PARTICIPATE IN COMMUNITY SERVICE AND FUNDRAISING PROJECTS?

YES

NO

IF YES, LIST THE ACTIVITIES THAT THE STUDENT HAS PARTICIPATED IN:

PLEASE LIST THE PAST TNSA OFFICES HELD BY THE STUDENT:

LIST LOCAL, STATE AND NATIONAL ACTIVITIES THAT THE STUDENT HAS PARTICIPATED IN:

IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE SUMMARIZE WHY YOU FEEL THAT THIS STUDENT DESERVES THE TITLE OF STUDENT OF THE YEAR. INCLUDE HOW YOU FEEL THAT THIS STUDENT REPRESENTS THE SPIRIT OF NURSING THROUGH SERVICE, CHARACTER, AND ACADEMIC EXCELLENCE. PLEASE LIMIT SUMMARY TO 50 WORDS OR LESS.

**TEXAS NURSING STUDENTS' ASSOCIATION, INC.
2018 COMMUNITY HEALTH PROJECT AWARD
APPLICATION**

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED.
INCLUDE WITH APPLICATION AND MATERIALS RELEVANT TO THIS
PROJECT. AWARD APPLICATIONS MUST BE RECEIVED BY **JANUARY 31,
2018**. SEND COMPLETED APPLICATION TO:

**TNSA AWARDS COMMITTEE
P. O. BOX 763877
DALLAS, TEXAS 75376**

CHAPTER NAME:

SCHOOL NAME AND ADDRESS:

CITY	STATE	ZIP
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PHONE NUMBER:

PROGRAMS AND PROJECT DIRECTOR:

PHONE NUMBER:

EMAIL:

NAME OF CHAPTER PRESIDENT: _____

TITLE OF PROJECT: _____

DATE: _____ **SITE LOCATION:** _____

GOAL OF PROJECT: _____

AUDIENCE: _____

NUMBER OF PEOPLE SERVED: _____

NUMBER OF NURSING STUDENTS INVOLVED: _____

BRIEFLY DESCRIBE HOW THE PROJECT WAS CONDUCTED: _____

MEDIA COVERAGE VIDEO OR NEWSPAPER ARTICLE CLIPPINGS:

WHY DO YOU FEEL YOUR PROJECT SHOULD RECEIVE THIS AWARD?
