



## TNA, District 3 Scholarship Application

Dear Applicant,

Thank you for applying for a TNA, District Three Scholarship. TNA-3 currently has two scholarships available. Please indicate the scholarship(s) for which you would like to be considered. These scholarships are available for nursing students who are currently enrolled in a program for registered nurses within the District Three area. Applicants must have completed at least one semester of nursing courses, and be a member of TNA or TNSA to be eligible to receive a scholarship. Applicants may apply for consideration of multiple scholarships; however, applicants are only eligible to receive a maximum of one TNA-3 scholarship per year. Incomplete applications will ***not*** be considered. Completed scholarship applications must be submitted by email at [tna3@usapathway.com](mailto:tna3@usapathway.com).

### Scholarships / Criteria

- **Monika Dewar Memorial Scholarship--\$500.00**

This scholarship will be awarded on the basis of academic achievement, community service, and financial need.

- Applicants must be enrolled in a program for registered nurses within the District Three area.
- Applicants must have completed at least one semester of nursing courses.
- Applicants must be a member of TNA or TNSA
- Applicants must demonstrate Community Service involvement.
- Applicants must submit one recommendation by nursing faculty.
- Applicant must submit one recommendation from community service / volunteer agency.

- **Academic Scholarship--\$500.00**

This scholarship will be awarded on the basis of academic achievement and financial need.

- Applicants must be enrolled in a program for registered nurses within the District Three area.
- Applicants must have completed at least one semester of nursing courses.
- Applicants must be a member of TNA or TNSA
- Applicants must submit one recommendation by nursing faculty.



## Instructions

- ▲ All Applications must be submitted using the TNA-3 Scholarship Application form. You must submit your completed Microsoft Word or PDF copy Scholarship Application and all recommendation forms by email at [tna3@usapathway.com](mailto:tna3@usapathway.com). Please save your scholarship application in the following manner using your last name: TNA3Scholarship2011-Last Name, prior to submission. Please save recommendation forms in the following manner using your last name: InstRecomendation2011-*Last Name* or CommRecom2011-*Last Name*, prior to submission. This application and recommendation form can be reproduced as needed. Emailed applications will ONLY be accepted.
- ▲ Be sure to indicate which scholarship you are applying for. You may apply for consideration in multiple scholarships; however, applicants are only eligible to receive a maximum of one TNA-3 scholarship per year.
- ▲ Please write a one page essay: "How do you plan to use your nursing education after graduation, and how does this benefit nursing as a whole?"
- ▲ Remember to include all recommendation forms with completed application upon submission.

The deadline for completed applications is **April 4, 2011**.

**Return your completed application, attachments, and recommendation form to:**  
[tna3@usapathway.com](mailto:tna3@usapathway.com)

The TNA scholarship will be awarded on May 19, 2011, during the district's Annual Awards Dinner.

If you have any questions please notify:

**Renee James, Executive Secretary**  
Texas Nurses Association, District Three  
P.O. Box 16958  
Fort Worth, TX 76162  
Phone: 817-249-5071  
Fax: 817-249-5071  
Email: [tna3@usapathway.com](mailto:tna3@usapathway.com)



**SCHOLARSHIP APPLICATION**

Academic Scholarship

Monika Dewar Memorial Scholarship

Name:  TNA/TNSA Member?  TNSA Office/Term:

Address:  City:  State:  Zip:

Phone:  Email Address:

College or University:  Year:  Graduation Date:

Do you go to school full-time or part-time?  Current GPA:  How many class hours are you taking?

What degree are you seeking?  Number of semesters completed?

What is the source of financial support for your education?

List other scholarships or financial aid you are currently receiving

Employer:  Hours worked per week:  Number of dependent children:

**Self Evaluation**

Complete evaluation by marking an X in the appropriate box.

	Poor 1	Needs improvement 2	Satisfactory 3	Good 4	Excellent 5
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ability to lead others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You may write any additional comments about your self-evaluation in the following space. (The box will expand as needed.)

In the space below, please write a **one-page essay** explaining how you plan to use your nursing education after graduation and how this will benefit nursing as a whole.

Statement of Personal Goals (please list):

Statement of Financial Need:

Past and Present Professional Nursing Activities:

Non-Nursing Extracurricular Activities / \*Community Service (church, clubs, volunteer, etc.)  
\* Required for Monika Dewar Memorial Scholarship Award.

**By entering your name in the signature box, you are certifying that all of the information recorded on this scholarship application is true and correct.**

**Signature:**

**Date:**

You must submit your completed Microsoft Word or PDF copy Scholarship Application and all recommendation forms by email at [tna3@usapathway.com](mailto:tna3@usapathway.com). Emailed applications ONLY will be accepted.

Please save your scholarship application using your last name.

**SAVE AS:** TNA3Scholarship2011-Last Name, prior to submission.