



***NURSE  
SCHOLARSHIP***

The Nurse Council of the Texas Health Care Association coordinates Nurse Scholarships for individuals:

- Employed in a member long term care facility at the time of application
- Employed in a member long term care facility when the scholarship is awarded
- Who would like to further his or her education to continue working in long term care after a certificate, degree and/or diploma is obtained
- At the time of application, employed in long term care for one year, with six months in current facility
- Who are currently enrolled in or have been accepted into a nursing program – CMA, LVN, RN or Advanced Nursing.

**NOTE: Proof of current enrollment or acceptance in a nursing program must be included with the application.**

Applicants will be judged by a panel of nurses from the THCA Nurse Council presently working in long term care. The winners will be awarded a \$500 scholarship sponsored by THCA and sponsoring members. All scholarships will be presented at the Nurses' Luncheon during the THCA Annual Convention.

Applications must be received by August 10, 2020, and be accompanied by:

- A letter from the applicant explaining why they chose long term care and why they would like to continue their education in nursing.

A letter of **reference from the Administrator**

A letter from a **minimum of one** from the following list: **DON** or **Supervisor** or **Healthcare Professional**

**Applications not meeting ALL of the above criteria will be disqualified.**

**SUBMIT COMPLETE APPLICATION ELECTRONICALLY ON OR  
BEFORE AUGUST 10, 2020 TO: THCAawards@txhca.org**

**NOTE: This is a Writable PDF**

## 2020 THCA Nurse Scholarship, Sponsored by THCA Nurse Council

Name \_\_\_\_\_ Current Position \_\_\_\_\_  
Current Facility Employer \_\_\_\_\_ Length of Time Employed \_\_\_\_\_  
Facility Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Facility Telephone (\_\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

Employed in LTC at least one (1) year? YES \_\_\_\_\_ NO \_\_\_\_\_  
Employed in current facility at least six (6) months? YES \_\_\_\_\_ NO \_\_\_\_\_

### EDUCATION

Name and Location of School	Years Attended	Date Graduated	Type of Degree	Subjects Studied

Indicate program enrolled in: \_\_\_\_\_CMA \_\_\_\_\_LVN \_\_\_\_\_RN \_\_\_\_\_Advanced Degree  
Name, Address & Telephone Number of Nursing School (Enrolled/Accepted) \_\_\_\_\_

Other activities involved or participating in (Civic, Athletic, Fraternal, Community, Church, etc.)\_ \_\_\_\_\_

### EMPLOYERS

(List below Last Four Employers, Starting with Most Recent One First)

Date-Month & Year	Name & Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

**REFERENCES:**

List below the names of three (3) persons not related to you, whom you have known at least one year

Name	Address	Business	Years Acquainted

In 200 words or less, describe your interest and experience in long term care and why you would like to continue your education and work in long term care.

I authorize verification of all information contained in this application.  
I attest that I will continue to work in long term care.  
I certify that all of the information contained herein is true and correct.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

<b>IMPORTANT</b> Name of Person Submitting Nominantion: _____ Contact Phone: _____ E-Mail: _____
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