



***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
- 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 September 8, 2017, and be accompanied by:

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

Applications must also include letters of reference from the Administrator and a minimum of one from the following list:

- DON
- Supervisor
- Healthcare Professional

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

**SUBMIT COMPLETE APPLICATION ELECTRONICALLY ON OR
BEFORE SEPTEMBER 8, 2017 TO: THCAawards@txhca.org**

NOTE: This is a Writable PDF

2017 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** _____

IMPORTANT Name of Person Submitting Nominantion: _____ Contact Phone: _____ E-Mail: _____
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