

F. Are you a United States Citizen? _____

G. High school class ranking: _____ Not applicable: _____

II. PERSONAL GOALS

A. Why have you chosen the profession of nursing? _____

B. What would you like to contribute to nursing? _____

C. What are your current career goals? Have you determined a particular nursing sub-specialty? If so, describe your choice. _____

D. Why do you think you are qualified and deserving of the scholarship? _____

E. Do you have other outstanding student loans? _____

If yes, who is responsible for payment of those loans? _____

If yes, is payback in work time required? _____

F. Prior education:

School(s) attended:

Name of School

Program Emphasis

Dates

G. Nursing Program you wish to complete:

_____ LVN

_____ ADN

_____ BSN

_____ MSN

H. School Planning to Attend: _____

I. Expected date of graduation: _____

J. Are you a member of the Texas Student Nurses Association? _____
(Professional organization for licensed applicants)

K. Attached is a copy of the applicant's most recent transcript.

_____ Yes

_____ No

_____ Not applicable

III. OUTSIDE SCOTT & WHITE REFERENCE (Make additional copies as needed)

Name of Candidate: _____

Address: _____

Social Security Number: _____

Job Title: _____

Write a brief statement on why you believe this nominee would be a strong candidate for the Scott & White nursing scholarship based on the following criteria:

A. Work ethic: _____

B. Leadership: _____

C. Ability to relate to others: _____

D. Please indicate some activity or association that illustrates the candidate's desire and ability to impact professional nursing: _____

E. How long have you known the candidate and in what capacity? _____

F. Please make any additional comments concerning the candidate that you feel would qualify him/her for consideration? _____

Your name: _____

Title: _____

Address: _____

Home Phone: _____ ()

Work Phone: _____ ()

IV. SCOTT & WHITE EMPLOYEES ONLY: RECOMMENDATION FROM SUPERVISOR

I recommend _____
(Name of applicant)

for the Nursing Education Assistance program.

He/She has been in the employment of Scott & White since _____
(Date of Hire)

and has exhibited an overall satisfactory performance rating.

Comments: _____

Signature: _____

Title: _____

Phone: _____

Date: _____

V. TERMS OF NURSING EDUCATION ASSISTANCE PROGRAM

In accepting this assistance, I agree to the following conditions:

- 1. To provide copies of my grades at the end of each semester.**
- 2. To keep current address and phone information on file with the Program Administrator.**
- 3. Work at Scott & White upon graduation from this Nursing Program.**

Signature of applicant: _____

Date signed: _____

VII. Attached is a letter of acceptance OR letter from the nursing school stating your consideration into the nursing program from the appropriate school or college.

_____ **Yes**

_____ **No**

Please send completed form to:

**Carolyn A. Prosis, RN, MSN, CNOR
Clinical Staff Development and Nursing Research
Scott and White Memorial Hospital
2401 South 31st Street
Temple, Texas 76508**

**Contact Information:
Telephone: 254-724-6567
E-mail: CPROSISE@swmail.sw.org**