

Harris County Medical Society Alliance

John P. McGovern Building 1515 Hermann Drive Houston, Texas 77004-7126

Nursing Scholarship Application

January 30, 2012

To whom it may concern:

BSN or A.D.N.Students in Harris County Nursing Schools

Dear Sir or Madame:

The HCMSA Nursing Scholarship Committee is now accepting fall nursing scholarship applications.

We will be holding our nursing scholarship interviews in **April,2012**

We will provide scholarships for students in the Associate Degrees in Nursing and Bachelor's Degree in Nursing in nursing schools in Harris County. At this time, we want to continue offering scholarship money only to these two nursing programs. No transitional programs at this time.

Deadline for accepting HCMSA Nursing Scholarship Applications: **One week before interviews**

The application forms have been revised. Please copy the application forms for each scholarship applicant and make a copy for your permanent records.

Please note that application can be found and filled out by the students on our www.hcmsa.org website.

Please contact me if you have any questions.

Sincerely

Jane VanSanten
HCMSA Nursing Scholarship Chairman
12 A Lana Lane
Houston,Texas 77027
janevansanten@gmail.com

Harris County Medical Society Alliance

John P. McGovern Bldg. 1515 Hermann Drive Houston, Texas 77004-7126

Nursing Scholarship Applicants

January 30, 2012

Attention: To all Nursing Scholarship applicants:

The Harris County Medical Society Alliance (HCMSA) Nursing Scholarship Committee is currently accepting nursing scholarship applications for the fall 2011 interviews.

Interviews will be held in **April, 2012**

Deadline for accepting Applications: **One week before interviews**

Applications can be found www.hcmsa.org

Applications may be filled in as attachment or mailed to:

Jane VanSanten
HCMSA Nursing Scholarship Chairman
12 A Lana Lane
Houston, Texas 77027
janevansanten@gmail.com

Location for interviews:

Museum of Medical Science
1515 Hermann Drive Houston, TX 77004-7126
Ph: (713) 524-4267

Please indicate on your application the convenient time for your interview.
You will receive a phone call or email confirming receipt of your application.

Harris County Medical Society Alliance

John P. McGovern Bldg. 1515 Hermann Drive Houston, Texas 77004-7126

Nursing Scholarship Requirement & Application

Listed below are the information and forms needed by the Nursing Scholarship Committee to evaluate your application for this scholarship.

1. The completed application.
2. A letter of recommendation from the Dean or Director of your nursing program. **(mail or email)**
3. 2 Letters of recommendation from nursing school instructors or advisors. **(mail or email)**
4. The following courses need to be completed:
 - Associates Degree ADN: Med.Surg I ,clinical and classroom
 - Bachelor of Science Degree BSN: must have completed Med. Surg II or Adult Health II . (The courses and semesters vary at all schools.) Please call or email if you have any questions on your qualifications..
5. A recent photograph. The photograph will not be returned.
6. An official transcript from your nursing school.
7. A copy of your school's Estimated Cost of Attendance.

A personal interview will be arranged after the Nursing Scholarship Committee receives all the necessary information. Transcripts must be official but do not have to be sent directly from the school. We will confirm receipt of your application by email. Confirmation of your appointment time of interview will be emailed about two weeks prior to the interview date.

Mail the completed package to:

Jane VanSanten

12 A LANA LANE

Houston TX 77027

janevansanten@gmail.com

Nursing Scholarship Course Completion Verification Form

For
 Associate Degree in Nursing
ADN Program

This is to certify that _____
Student's Name

has completed the Med-Surg I clinical and classroom work with a satisfactory grade of

_____. Date completed: _____

This student attends _____
School of Nursing

Director of Nursing School or other qualified instructor or counselor
(Print and sign)

Date

For
 Bachelor of Science Degree in Nursing
BSN Program

This is to certify that _____
Student's Name

has completed Med. Surg II or Adult Health II ,clinical and classroom work

GPA of _____ and hours completed _____.

This student attends _____
School of Nursing

Director of Nursing School or other qualified instructor or counselor
(Print and sign)

Date

Nursing Scholarship Application

Date: _____

Name: _____

Last

First

Middle initial

Name of Nursing School _____

Date of Graduation: _____

Please check the appropriate box:

- ADN Program
- BSN Program

Student Identification Number: _____

Address: _____

Street

Apt / No.

City

State

Zip Code

Phone Number:

email address _____

Home phone _____

Cell _____

Work _____

Date of Birth: _____ Place of Birth: _____

Status:

- Single Married Widowed Divorced

Number of children: _____ Children's ages: _____

Are you presently employed?

- Yes Where: _____
- No

HCMSA Nursing Scholarship Application

Applicant's Father	Applicant's Mother
Name: _____	Name: _____
Address: _____	Address: _____
Phone No: Home _____	Phone No: Home _____
Work: _____	Work: _____
Occupation: _____	Occupation: _____
Does he contribute to your education?	Does she contribute to your education?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Combined Family Income:

- < \$10,000 \$10,000-\$39,000 \$40,000-\$80,000 > \$80,000

Has your family incurred any financial hardships in the past year?

- Yes If yes, explain: _____
 No _____

How much of your nursing school expenses can you and/or your family afford? _____%

List all financial help you will receive for nursing school education:

Parental: _____

Spousal: _____

Scholarships and or Grants you are receiving:

Name	Amount	Expiration date of Grant/Scholarship

High School attended:

Name: _____ Date of Graduation _____

Colleges attended / Degrees obtained / Dates attended

Name: _____	Degree _____	Date Attended _____
Name: _____	Degree _____	Date Attended _____
Name: _____	Degree _____	Date Attended _____

List current loans taken out for your nursing school education:

Name: _____	Amount _____
Name: _____	Amount _____
Name: _____	Amount _____

List honors:

Name: _____
Name: _____
Name: _____

List community service activities:

Why did you choose a career in nursing?

What field in nursing do you prefer?

Please list any additional pertinent information to evaluate your need for this scholarship.