

# Healthcare and Nursing Education Foundation

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## Nursing Scholarship Program – High School Seniors & College Nursing Program Applicants

Thank you for your interest in the Healthcare and Nursing Education Foundation Nursing Scholarship Program. The Foundation offers academic scholarships to qualified students who require financial assistance plus demonstrate the desire and ability to pursue a professional nursing education in the greater Houston community.

The Scholarship will provide financial support for your studies towards a bachelor's or advanced level nursing degree. The scholarship will continue based upon fund availability and the student's ability to meet the identified criteria for continuance.

### Student Eligibility

To be eligible for this scholarship the student must meet the following selection criteria:

- express a sincere desire to actively pursue a professional career in nursing
- If currently a high school senior graduating in 2008, take the SAT or ACT exam prior to submitting an application
- If currently enrolled in college or university, provide documentation of current academic standing and courses taken that are prerequisites for entrance into an accredited bachelor's or advanced nursing program
- If anticipating entrance into a bachelor's or advanced degree nursing program (usually year three of college), documentation of acceptance into a college or university **in the greater Houston area**
- not be related by third degree of consanguinity (child, grandchild or niece/nephew) to a member of the HNEF Board of Directors, an employee or a contractor.
- Household income not to exceed \$50,000.

### Selection Criteria

Individual applicants who meet all eligibility requirements will be scored on the following criteria:

- **academic ability** - factors considered include grade point average, number of honors classes taken, and academic awards received.
- **personal character / leadership abilities** - factors considered include recommendations from school staff, depth and breadth of extracurricular and community-based activities, and the personal essay submitted in the application packet.
- **commitment to the nursing profession** - factors considered include the personal essay submitted in the application packet, health related volunteer activities, successful completion of classes related to nursing including life and human sciences.
- **financial need** - factors considered include annual household income, not to exceed \$50,000, demonstrated willingness to seek financial assistance from other sources, and personal contributions toward college expenses.

### Scholarship Provisions

1. Expenses eligible for financial assistance are limited to tuition, fees and textbooks.
2. The specific amount of the scholarship awards will vary based on the amount of funding available and the number of students receiving assistance in a given year. Scholarship recipients receive up to \$3,000 per year for their freshman and sophomore year and \$4,000 per year for their junior and senior year.

### Criteria for Continuance of Scholarship Awards

1. Submit grade reports to the Foundation each semester and an official transcript after each Spring semester.
2. Demonstrate successful completion and progression in prerequisite studies.
3. If grades do not reflect academic success, the recipient will be reviewed and a decision will be made regarding continuing support. The cumulative GPA must be maintained at a level consistent with the requirements of the academic institution.

# Healthcare and Nursing Education Foundation

## Nursing Scholarship Program – High School Seniors & College Nursing Program Applicants

### Application Process / Checklist

To apply for the scholarship complete the following six tasks:

1.  Complete the Student Application (pages 5 - 8) in full and complete the College Planning Sheet. **Please type or print** your answers as neatly as possible.
2.  Obtain a copy of the most current income tax returns for your family or yourself.
3.  Mail your completed Student Application (send pages 5 – 8) with the College Planning Sheet and your tax return **before March 28, 2008** to:  
 Healthcare & Nursing Education Foundation  
 3815 Montrose, Suite 200  
 Houston, Texas 77006
4.  Sign and give the two Letters of Recommendation - School Staff (pages 9 and 10) to teachers, counselors or your principal (if you are in high school) or current / past professors or instructors (if you are in college). Ask them to complete the forms and send them **before March 28, 2008**. You **cannot** send the letters yourself. The Letters of Recommendation must be mailed by the person completing them.
5.  Sign and give the Letter of Recommendation (pages 11 and 12) to someone outside of your school that knows you well. This person may be someone that you know through work, sports, volunteer activities or church. Ask them to complete the form and send it **before March 28, 2008**. You **cannot** send the letters yourself, the Letters of Recommendation must be mailed by the person completing them.
6.  Sign and give the Request for Transcripts (high school students- page 13 or college students- page 14) to your high school attendance office or college registrar's office. Ask them to complete the form and send it **before March 28, 2008**. You **cannot** send this form yourself, it must come directly from your school. Make extra copies as necessary if you have attended multiple schools.

### Application Suggestions / Questions

**Please read the entire application carefully and fill it out completely.** Give the letters of recommendation and requests for transcripts to the appropriate individuals as early as possible. All materials must be received **no later than 5:00 pm, Friday, March 28, 2008**. No exceptions to the deadline will be made. If you have any questions concerning your application or the scholarship process, please call Michele McClinton at (713) 802-7865 or send e-mail to [info@hnef.org](mailto:info@hnef.org).

### Application Time Line

**by 5:00 pm Friday, March 28, 2008**

- Completed applications are due

**by April 18, 2008**

- Selection Committee reviews applications and invites finalists for interviews

**by May 2, 2008**

- Selection Committee interviews finalists

**by May 9, 2008**

- Announcement of awards

# Healthcare and Nursing Education Foundation

## Scholarship Application - College Planning Sheet

Complete **both** sections of this sheet to describe your planned career in nursing:

Our scholarship only applies to students seeking a bachelor's or advanced level nursing degree or higher from greater Houston area colleges and universities. Our scholarships **are not** intended for individuals who desire to be a Licensed Vocational Nurse (L.V.N.) or complete an Associates Degree in Nursing (A.D.N.)

### Nursing School Prerequisites

Prior to acceptance into a Bachelor's level nursing school you will need to complete several college courses required for admission into nursing school. Most students can complete these courses with two years of full-time study. Our scholarship will only assist individuals attending greater Houston colleges and universities for their prerequisites.

- I have already completed my nursing prerequisites

I completed my prerequisites at the following college \_\_\_\_\_ and,

I finished my prerequisites on the following date: \_\_\_\_\_

- I am currently taking my prerequisite courses for admission into nursing school

I am enrolled at \_\_\_\_\_ college, and

I plan to finish my prerequisite classes on the following date: \_\_\_\_\_

### Nursing School

To obtain a bachelor's level Nursing degree you will need to be accepted into a nursing school. Nursing school typically requires two and one half years of rigorous full-time study. Our scholarship will only assist individuals attending **local** Nursing Schools.

- I have already been accepted into Nursing School

I have been accepted into the following Nursing School \_\_\_\_\_ and,

I plan to graduate from Nursing School on the following date: \_\_\_\_\_

- I have not yet been accepted into Nursing School

I intend to apply to the following Nursing Schools

- Houston Baptist University
- Prairie View A&M College of Nursing
- Texas Woman's University
- University of Texas Health Science Center Houston
- University of Texas Medical Branch Galveston

I plan to begin Nursing School on the following date: \_\_\_\_\_

- I have graduated from Nursing School and am seeking this scholarship as a graduate nursing student

Student Name: \_\_\_\_\_

Healthcare and Nursing  
Education Foundation

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Nursing Scholarship Program –  
High School Seniors & College Nursing Program Applicants

**- 2008 Student Application -**

This application is for individuals who are currently high school seniors graduating in 2008 or students currently attending (or who have attended) a college or university.

Please respond to those questions that apply to your status as a high school senior or a college student.



**College / University Data** (complete if you have been or are currently a college student)

List all colleges / universities you have attended, the dates attended, total hours completed, GPA and degree(s) earned.

College / University	Yrs. Attended	Hrs Completed	GPA	Degree(s) Earned

Which College / University will you attend in the Fall of 2008?

\_\_\_\_\_

Your class status in the Fall of 2008 (Freshman, Sophomore, Junior, Senior, Graduate Student) \_\_\_\_\_

Anticipated graduation date from Nursing School: \_\_\_\_\_ Degree sought: \_\_\_\_\_

**Work Experience**

Describe your work experience during the past four years indicating dates of employment in each job and approximate number of hours worked each week. List amounts earned in each job.

Company Name	Dates		Hours Per Week	Amount Earned
	from month/yr.	to month / yr.		

**Activities, Awards and Honors**

List school activities (student government, music, sports, etc.) and community activities (church work, volunteer work, etc.) in which you have participated. Also indicate special awards, honors and offices held.

Activity	No. of Years participating	Special Awards and/or Honors	Offices Held

**Goals and Aspirations**

Write a personal essay concerning your plans for a professional career in nursing (attach extra pages if needed):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Unusual Circumstances

Please describe any unusual family or personal circumstances that have affected your achievement in school, work experience, or your participation in school and community activities (attach extra pages if needed).

## Financial Data

This data will be used to determine the award amount should you be chosen as a recipient. Income and tax figures are from a completed and filed tax return from the prior year on which you were claimed as a dependent. A copy of the most current tax returns must be submitted with the application.

State of Residence:	_____	<b>Untaxed Income and Benefits</b>	
Adjusted gross income:	\$ _____	Social Security, TANF, SSI, Other:	\$ _____
Total Income of Father (if applicable):	\$ _____	Total Cash Savings, Checking and Cash value of Stocks:	\$ _____
Total Income of Mother (if applicable):	\$ _____	Total number of exemptions claimed on 20__ tax return:	_____

Marital status of parent or guardian (if applicable):  Married  Divorced  Separated  Widowed  Single

Total number of family members attending college at least half-time during the next school year (including applicant): \_\_\_\_\_

## Other Awards

Please list below the name and amount of any grants or scholarships that you have applied for or been awarded for the 2008-school year. List any other sources of income you may have.

Source / Name of Award	Amount	Granted	Pending

## Application Submission

The deadline for all applications is **5:00 pm Friday, March 28, 2008**. Mail the completed application (pages 5 - 8), the College Planning Sheet, and a copy of your and your family's most current tax returns to:

Healthcare and Nursing Education Foundation  
 3815 Montrose, Suite 200  
 Houston, Texas 77006

Healthcare and Nursing Education Foundation has the sole responsibility for selecting recipients.

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**Certification**

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In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I acknowledge that upon submission, this application becomes the property of the Healthcare & Nursing Education Foundation.

Parent's Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Healthcare and Nursing Education Foundation

## Letter of Recommendation – High School or College Staff (duplicate this form – two letters of recommendation from school or college staff are required)

**Please Type or Print**

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Applicant's Name Social Security Number

I agree that the Healthcare & Nursing Education Foundation may obtain this confidential recommendation concerning my application for scholarship.

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Applicant's Signature Date

Dear School Teacher / Counselor / Principal or College/University Professor or instructor:

This student has applied for a scholarship from the Healthcare and Nursing Education Foundation and has requested a recommendation from you. May we please have your assistance in evaluating this candidate through your candid and thoughtful responses to the questions listed below.

Because all the candidates for these scholarships are excellent students, your response should stress, where possible, the unique characteristics and accomplishments of the individual. Applicants should demonstrate outstanding citizenship and interpersonal skills, as well as academic talent.

Mail this appraisal **before March 28, 2008** to:  
Healthcare & Nursing Education Foundation, 3815 Montrose, Suite 200, Houston, Texas 77006.

It is critical that this recommendation be received by the March 28<sup>th</sup> deadline. Thank you for your cooperation.

1. In what subject(s) have you taught the applicant? \_\_\_\_\_

2. How does the applicant compare in the following areas with other college students you have taught?

	Top 5% Truly Exceptional	Top 10% Outstanding	Top 25% Excellent	Top 40% Above Average	Average or Below	No Basis to Determine
<i>Intellectual Depth</i>						
<i>Written Expression</i>						
<i>Oral Expression</i>						
<i>Analytical Skills</i>						
<i>Personal Integrity</i>						
<i>Interpersonal Skills</i>						
<i>Leadership</i>						
<i>Self-Esteem</i>						
<i>Potential for Success</i>						

3. Please justify your responses to question 2 by providing specific examples of the applicant's performance.

4. How has the applicant earned the respect of his or her peers and the faculty of your institution?

5. What additional information do you feel the Foundation's Scholarship Committee should take into consideration?

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Signature

Date

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Please print or type name

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Position

Telephone Number

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Mail before **March 28, 2008** to: Healthcare & Nursing Education Foundation, 3815 Montrose, Suite 200, Houston, Texas 77006

# Healthcare and Nursing Education Foundation

## Letter of Recommendation – Friend or Associate Outside School or College (one such letter of recommendation required)

**Please Type or Print**

Applicant's Name

Social Security Number

I agree that the Healthcare & Nursing Education Foundation may obtain this confidential recommendation concerning my application for scholarship.

Applicant's Signature

Date

This student has applied for a scholarship from the Healthcare and Nursing Education Foundation and has requested a recommendation from you. May we please have your assistance in evaluating this candidate through your candid and thoughtful responses to the questions listed below.

Because all the candidates for these scholarships are excellent students, your response should stress, where possible, the unique characteristics and accomplishments of the individual. Applicants should demonstrate outstanding citizenship and interpersonal skills, as well as academic talent.

Mail this appraisal **before March 28, 2008** to:  
Healthcare & Nursing Education Foundation, 3815 Montrose, Suite 200, Houston, Texas 77006.

It is critical that this recommendation be received by the March 28th deadline. Thank you for your cooperation.

1. In what capacity have you known the applicant? \_\_\_\_\_

2. How does the applicant compare in the following areas with other high school or college students you have known?

	Top 5% Truly Exceptional	Top 10% Outstanding	Top 25% Excellent	Top 40% Above Average	Average or Below	No Basis to Determine
<i>Intellectual Depth</i>						
<i>Written Expression</i>						
<i>Oral Expression</i>						
<i>Analytical Skills</i>						
<i>Personal Integrity</i>						
<i>Interpersonal Skills</i>						
<i>Leadership</i>						
<i>Self-Esteem</i>						
<i>Potential for Success</i>						

3. Please justify your responses to question 2 by providing specific examples of the applicant's performance.

4. What additional information do you feel the Foundation's Scholarship Committee should take into consideration?

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Signature

Date

---

Please print or type name

---

Position

Telephone Number

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Mail before **March 28, 2008** to: Healthcare & Nursing Education Foundation, 3815 Montrose, Suite 200, Houston, Texas 77006

# Healthcare and Nursing Education Foundation

## Request for High School Transcript (only for current high school students)

*Please Print*

Applicant's Name

Social Security Number

I agree that the Healthcare & Nursing Foundation may obtain this confidential information concerning my application for scholarship.

Applicant's Signature

Date

Dear School Official / Attendance Office:

The student has requested an academic scholarship from the Healthcare and Nursing Education Foundation. Please complete this form, enclose a copy of the student's current transcript, and mail **before March 28, 2008** to:

Healthcare & Nursing Education Foundation  
3815 Montrose, Suite 200  
Houston, Texas 77006

Applicant Ranks \_\_\_\_\_ in a class of \_\_\_\_\_ Cumulative grade point average \_\_\_\_\_ / on a 4.0 scale

PSAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

SAT: Verbal \_\_\_\_\_ Math: \_\_\_\_\_

ACT: Composite \_\_\_\_\_

School Official's Signature

Date

Title

Phone Number

School Address

Street

City

State

Zip

# Healthcare and Nursing Education Foundation

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## Request for College Transcript(s)

(for students who have attended and/or are currently attending a college / university )

**Please Print**

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Applicant's Name

Social Security Number

I agree that the Healthcare & Nursing Foundation may obtain this confidential information concerning my application for scholarship.

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Applicant's Signature

Date

Dear Registrar / Attendance Office:

The student has requested an academic scholarship from the Healthcare and Nursing Education Foundation. Please complete this form, enclose a copy of the student's current transcript, and mail **before March 28, 2008** to:

Healthcare & Nursing Education Foundation  
3815 Montrose, Suite 200  
Houston, Texas 77006

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College or University

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School Official's Signature

Date

Title

Phone Number

---

School Address

Street

City

State

Zip

**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**  
**Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)**

I, \_\_\_\_\_, hereby voluntarily authorize officials in the  
[Print Name of Student]  
 University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registrar
- Financial Aid
- Dean of Student's Office
- Residential Life and Housing
- University Advancement
- University Studies Division
- Other (Please Specify) \_\_\_\_\_

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Other (Please Specify) \_\_\_\_\_

This information may be released to \_\_\_\_\_  
[Print Name(s) of Individual(s) To Whom University May Disclose Information]

\_\_\_\_\_ for the purpose of informing:  
[List Additional Individuals if Necessary]

- Family
- Educational Institution
- Employer/Prospective Employer
- Public or Media of Scholarship, Honor or Award
- Other Please Specify) \_\_\_\_\_

**I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.**

\_\_\_\_\_  
 Student Name (Please Print)

\_\_\_\_\_  
 Student I.D Number

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date