# Nacogdoches Memorial Hospital Auxiliary
# NURSING SCHOLARSHIP

## GUIDELINES

### DESCRIPTION AND PURPOSE

The Nacogdoches Memorial Hospital Auxiliary's Nursing Scholarship is supported through the generosity of the membership of the Auxiliary and is intended to support full-time undergraduate students pursuing a degree in nursing or a closely related medical field.

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The Nacogdoches Memorial Hospital Auxiliary's Nursing Scholarship is awarded each fall and spring semester not to exceed $2,000 per applicant. Please note that the number of scholarships awarded per semester may vary yearly depending on the Auxiliary finances.

### QUALIFICATIONS FOR AUXILIARY SCHOLARSHIP

The Nacogdoches Memorial Hospital Auxiliary's Nursing Scholarship is open through an objective competitive process to any full-time undergraduate student pursuing a degree in nursing or a closely related medical field. Applicants must apply prior to the deadline and submit all required support information.

### NOTIFICATION OF AUXILIARY SCHOLARSHIP AWARD

The Nacogdoches Memorial Hospital Auxiliary's Nursing Scholarship Committee will select recipients prior to the beginning of each semester. Scholarship awards will be confirmed through the Nacogdoches County Hospital District. Funds will be applied through the awardee's campus financial affairs office.

### RECIPENT RESPONSIBILITY

We expect the recipient to acknowledge receipt of the scholarship funds and take responsibility for advising the Memorial Hospital Auxiliary Coordinator's office of any concerns with the posting of the award by the campus financial affairs office. Additionally, recipients will be invited to be present at a future meeting of the Nacogdoches Memorial Hospital Auxiliary to be recognized. We ask that recipients make every effort possible to attend this meeting. Further, application for this award constitutes a release for recipients to be recognized in promotional materials produced by the Nacogdoches Memorial Hospital Auxiliary and its affiliates, including, but not limited to the Nacogdoches County Hospital District, Nacogdoches County Healthcare Foundation and the Nacogdoches Memorial Hospital Foundation.

# Nacogdoches Memorial Hospital Auxiliary
# NURSING SCHOLARSHIP APPLICATION

## I. GENERAL INFORMATION

☐ Mr. ☐ Ms. (please check one)

FULL NAME: _____
First M.I. Last

CURRENT ADDRESS: _____

_____

City: _____ State: _____ Zip: _____

PERMANENT ADDRESS: _____

_____

City: _____ State: _____ Zip: _____

**Please use: ☐ CURRENT ☐ PERMANENT address to contact me regarding this scholarship.**

CURRENT SEMESTER PHONE: _____

CELL PHONE: _____

Email ADDRESS: _____

Please circle one: **Freshman Sophomore Junior Senior Other (specify) _____**

## II. ACADEMIC INFORMATION

College/University Currently Attending: _____

Major: _____ Minor: _____

Cumulative GPA: _____ on a _____(Point) Scale GPA in major: _____

Expected Date of Graduation: _____/_____

**Note: Unofficial transcripts will be requested as part of the screening process.**

# III. ESSAY REQUIREMENT

Please attach a short essay describing your college experience, including the following information in your essay:

Why did you choose your major?
What steps are you taking to ensure success in your major?
What do you plan to do upon graduation and what are your career goals?
Will receipt of this scholarship make a significant difference in your decision to stay in the program and finish your degree?
You may also include any additional information that you feel will be helpful in choosing you as a recipient of the Nacogdoches Memorial Health Auxiliary's Nursing Scholarship.

Please limit the essay to two double-spaced pages.
Use font that is easily readable; the font must be set to no smaller than 11.

**III. REFERENCES**

Please attach three letters of recommendation with this application. Include at least one academic reference who can testify as to your potential in the field of nursing.

**APPLICATION DEADLINES:**

**June 1, FOR THE FALL SEMESTER**

**December 1, FOR THE SPRING SEMESTER**

**RETURN COMPLETED APPLICATION TO:**

Nacogdoches Memorial Hospital Auxiliary Coordinator
Ella Nobles
Nacogdoches County Hospital District
1018 North Mound Street Suite 105
Nacogdoches, TX 75961
(936) 568-8524

**Release Authorization**

I certify that to the best of my knowledge this information is true, complete and accurate. I authorize the release of the information to confirm and/or verify this application.

Candidate's Signature: _____ Date: _____