

# **Harris County Medical Society Alliance**

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

## **Nursing Scholarship Committee**

August 17, 2009

Attention: To all Nursing Scholarship applicants:

The Harris County Medical Society Alliance (HCMSA) Nursing Scholarship Committee is currently accepting nursing scholarship applications for the year 2009..

Deadline for accepting HCMSA Nursing Scholarship Applications: **October 6, 2009**

Mail Applications to: Ms. Jane Van Santen  
HCMSA Nursing Scholarship Chairman  
12 A Lana Lane  
Houston, Texas 77027-5606

To expedite applications, you may also just email the completed forms to:  
[janevansanten@gmail.com](mailto:janevansanten@gmail.com)

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

Interview Date: **October 13, 2009, Tuesday**  
Interview Times: **11:30 – 4:00 PM**

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## **Nursing Scholarship Application**

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

1. This completed application.
2. A letter of recommendation from the Dean or Director of your nursing program. **(mail or email)**
3. Letters of recommendation from 2 (two) nursing school instructors or advisors. **(mail or email)**
4. The following requirements need to be completed: **(mail or email)**
  - a) Associates Degree ADN: Med.Surg I clinical and classroom
  - b) Bachelor of Science Degree BSN: completed 24 hours or more of nursing courses. (Please note that 24 hours is an attempt to realize that BSN applicants are midway through nursing school. The requirements and semesters vary at all schools.) Please call me if you have any questions.
5. A recent photograph. (This photograph will not be returned.) **(mail)**
6. An official transcript from your nursing school. Transcripts from all other universities you have attended can be photocopied. **(mail)**
7. A copy of your school's Estimated Cost of Attendance. **(either mail or email)**

A personal interview will be arranged after the Nursing Scholarship Committee receives all the necessary information.

After sending your completed application form to the address listed below, other documents asked for may be sent separately (i.e. the above items do not have to be sent in the same time). Transcripts, even though they must be official, do not need to be sent directly from the school.

### **Mail the above documents to:**

Jane Van Santen  
HCMSA Nursing Scholarship Chairman  
12 A Lana Lane  
Houston, Texas 77027-5606  
Phone No. (713) 965-0131

**To expedite the application process you may email to all forms to: [janevansanten@gmail.com](mailto:janevansanten@gmail.com)**

You will receive a phone call or email to confirm that your completed application documents were received. Send nursing school transcript and photos separately by mail.

Revised 8/09

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## **Nursing Scholarship Course Completion Verification Form**

Please check the appropriate box

**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 a minimum of 24 hours (clinical and classroom) of nursing courses with a  
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

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## Philanthropic Fund Nursing Scholarship Application

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Date: \_\_\_\_\_

Name of Nursing School \_\_\_\_\_

Please check the appropriate box:

- ADN Program
- BSN Program

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt / No. City State Zip Code

Phone Number:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Work \_\_\_\_\_

Fax \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Status:

- Single
- Married
- Widowed
- Divorced

Number of children: \_\_\_\_\_ Children's ages: \_\_\_\_\_

Are you presently employed?

- Yes Where: \_\_\_\_\_
- No

Spouse's Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Spouse presently employed?

- Yes Where: \_\_\_\_\_
- No

# HCMSA Nursing Scholarship Application

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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 \_\_\_\_\_

# HCMSA Nursing Scholarship Application

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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.