

NIX Health Care Foundation

Nursing Scholarship Application

APPLICATION INSTRUCTIONS:

1. All pages of the application must be typed.
2. Completed applications must be received no later than 5:00 p.m. on the last Friday of June. Applications are to be sent to the Nix Health Care Foundation, 414 Navarro, Suite 1015, San Antonio, Texas 78205. Incomplete applications will not be considered.
3. There are three sections to be completed as follows:
 - (a) *Section I – Application:* All questions must be completed and the form signed by the applicant.
 - (b) *Section II – Essay:* Applicant must write an essay of 100 words or more explaining their decision to pursue a career in nursing or an advanced nursing degree.
 - (c) *Section III – Letter of Recommendation:* A letter of recommendation from the employee's nurse manager or department director must be submitted in a sealed envelope with the manager's or director's initials appearing across the seal.
4. Additional information required:
 - (a) Copy of applicant's most recent college transcript
 - (b) Acceptance letter or proof of enrollment from college-based or other nursing program

ELIGIBILITY AND SELECTION CRITERIA:

1. Applicant must be an employee of the Nix Health Care System for a period of 1 year or more (full-time at the time of application).
2. Applicant must have a current grade point average of 2.0 or higher and must maintain a minimum gpa of 2.0.
3. Nursing scholarships may be awarded for tuition, books and/or certifications.
4. All complete applications received no later than 5:00 p.m. the last Friday of June will be considered.
5. The Scholarship Committee for the Nix Health Care Foundation will decide which candidate they feel is most qualified from the information submitted. The Committee may, at its discretion, require applicants to have a personal interview with the Scholarship Committee.

QUESTIONS:

Questions regarding this application may be directed to:
Betty Welneck, Executive Director, Nix Health Care Foundation
(210) 579-3158

NIX Health Care Foundation

NURSING SCHOLARSHIP APPLICATION

SECTION I

Name _____
Last First Middle

Social Security Number: _____

Date of Birth _____ Birthplace _____

Home Address _____
Street or P.O. Box City State Zip

Home Phone (_____) _____ Work Phone (_____) _____

College / Vocational School _____

School Address _____
Street or P.O. City State Zip

School Phone (_____) _____ Overall Grade Point Average _____

Name of Academic Instructor Reference _____

Phone Number for Academic Instructor Reference _____

License Held _____ What year did you obtain your license? _____

What are your professional goals? _____

Please select the undergraduate or graduate program in which you are enrolled:

- LVN
- ADN RN
- BSN RN
- LVN Bridge to RN
- MSN
- PhD Nursing

Please list any professional or student organizations of which you are a member:

Please list community service activities for which you have volunteered time or support:

Please list any awards or special recognition received:

Signature _____
Applicant Date

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Applicant's Name _____
Last First Middle

SECTION II – Essay

Please type or attach an essay (minimum 100 words) explaining why you decided to pursue a career in nursing and/or why you chose to pursue an advanced nursing degree.

SECTION III – Letter of Recommendation

Please attach a letter of recommendation from your nurse manager or department director.