



2011 THCA AWARDS

Category: Nurse Scholarship, Sponsored by THCA Nurse Council

The Nurse Council of the Texas Health Care Association is coordinating nurse scholarships for individuals:

- Employed in a member long term care facility at the time of application
- Employed in a member long term care facility when the scholarship is awarded
- Who would like to further his or her education to continue working in long term care after a certificate, degree and/or diploma is obtained.
- Employed in long term care for one year, with six months in current facility; and
- Who are currently enrolled in or have been accepted into a nursing program - LVN, RN or Advanced Nursing.

NOTE: Proof of current enrollment or acceptance in a nursing program must be included with the application.

Applicants will be judged by a panel of nurses from the THCA Nurse Council presently working in long term care. The winners will be awarded a \$500 scholarship sponsored by THCA and companies associated with long term care. All scholarships will be presented at the Nurses' Luncheon during the THCA Annual Convention.

Applications must be received by September 16, 2011, and be accompanied by:

- o A statement from the applicant explaining why they chose long term care and why they would like to continue their education in nursing.

Applications must also include letters of reference from the Administrator and a minimum of one from the following list:

- o DON
- o Supervisor
- o Healthcare Professional

NOTE: INCLUDE ONE COPY OF ENTIRE NOMINATION PACKET ALONG WITH THE ORIGINAL.

Applications not meeting ALL of the above criteria will be disqualified.

SUBMIT SCHOLARSHIP APPLICATION TO:

(Mailing Address)

**Texas Health Care Association
P. O. Box 4554
Austin, TX 78765**

(Street Address)

**Texas Health Care Association
4214 Medical Parkway, Ste. 300
Austin, TX 78756**

ON OR BEFORE SEPTEMBER 16, 2011

**2011 THCA Nurse Scholarship, Sponsored by THCA Nurse Council
P. O. Box 4554, Austin, TX 78765**

Name _____ Current Position _____
 Current Facility Employer _____ Length of Time Employed _____
 Facility Address _____
 City _____ State _____ Zip _____
 Facility Telephone (_____) _____ Home Telephone (_____) _____

EDUCATION

Name and Location of School	Years Attended	Date Graduated	Type of Degree	Subjects Studied

Indicate program enrolled in: _____LVN _____RN _____Advanced Degree

Name, Address & Telephone Number of Nursing School (Enrolled/Accepted) _____

Other activities involved or participating in (Civic, Athletic, Fraternal, Community, Church, etc.). _____

EMPLOYERS

(List below Last Four Employers, Starting with Most Recent One First)

Date-Month & Year	Name & Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			
From			
To			

REFERENCES:

List below the names of three (3) persons not related to you, whom you have known at least one year

Name	Address	Business	Years Acquainted

In 200 words or less, describe your interest and experience in long term care and why you would like to continue your education and work in long term care.

I authorize verification of all information contained in this application.

I attest that I will continue to work in long term care.

I certify that all of the information contained herein is true and correct.

DATE _____ **SIGNATURE** _____