

The Advantage Medical Staffing Scholarship Fund

The Community Foundation of West Texas

The Community Foundation of West Texas, formerly known as the Lubbock Area Foundation, Inc. is an independent, non-profit, publicly supported, tax-exempt organization whose purpose is to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's mission goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist area students with post-secondary educational expenses. The Foundation is pleased to administer the *Advantage Medical Staffing Scholarship Fund*, which is described below.

Purpose:

This scholarship is intended for students pursuing a baccalaureate or associates degree with a major in nursing. The annual award will be for \$1000.00. Recipients must maintain high enough grades that will allow them to stay in the nursing program. Past recipients will be eligible to reapply. The funds can be used for tuition, books, and fees only, and are paid directly to the college/university.

Eligibility Requirements:

Students who are 25 years of age or older may apply for assistance through the Advantage Medical Staffing Scholarship Fund. These are competitive awards with the primary areas of consideration being:

- ❖ Intent to pursue a degree as a Licensed Vocational Nurse or Registered Nurse;
- ❖ Financial need; and
- ❖ Current enrollment or application for admission to a college/university-nursing program in the Lubbock area.

Selection Process:

- ❖ The Scholarship Advisory Committee will review completed applications and make recommendations to the Community Foundation of West Texas Board of Directors, which will make the final decision on the scholarship awards. Incomplete applications will not be considered.
- ❖ The Selection Committee will be comprised of a representative from each of the following: Covenant School of Nursing, South Plains College School of Nursing, Texas Tech School of Nursing, Advantage Medical Staffing, and the Community Foundation of West Texas.
- ❖ The recipient will be announced by May 30th.

Scholarship Fund Disbursement:

- ❖ Scholarships will be awarded based on the availability of funds, and may be used for tuition, fees and required books.
- ❖ Scholarships will be paid to the institution of the recipient's choice, and not directly to the recipient.
- ❖ The amount of the award may cover all, or only a portion of the student's actual cost and all unused funds must be returned to the Community Foundation of West Texas.

Application Requirements:

All scholarship applications must be completed in full and submitted by **April 15th**.

- ❖ 2 Letters of recommendation from non-family member
- ❖ Verification of enrollment or a copy of the letter of acceptance from the college or university
- ❖ A One-Page Essay: "What I plan to do with my nursing education."
- ❖ You must reapply yearly if you would like to be considered for this scholarship.

Applications should be sent to:

**The Advantage Medical Staffing Scholarship
ATTN: Denise Oviedo
Community Foundation of West Texas
6102 82nd Street 8B
Lubbock, TX 79424**

***Please do not send the first two pages in with your completed application.**

Advantage Medical Staffing Scholarship Application

GENERAL INFORMATION – (Please type or print)

Name: _____ Marital Status: _____

Phone: _____ Email: _____

Mailing Address: _____

City, State, Zip: _____

Social Security Number (last 4 digits only): _____

Date of Birth: _____ Age now: _____

(PLEASE NOTE: APPLICANT MUST BE 25 YEARS OF AGE OR OLDER TO QUALIFY.)

Current Employer (if applicable) _____ Work Phone _____

Position _____

Employer's Address _____ Current Salary _____

EMPLOYMENT HISTORY

Please list your last three jobs, your job titles and dates of employment.

1. _____

2. _____

3. _____

PERSONAL REFERENCES

Please list the name, address and phone number of two persons who have agreed to provide a personal reference for you and attach a letter from them to the Foundation supporting your application.

Name Mailing Address Phone

Name Mailing Address Phone

FINANCIAL INFORMATION

(This section must be fully completed for your application to be considered.)

List names and ages of all other residents in household:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Household Income

List known or estimated monthly income in the semester for which this application is made.

From Your Employment	\$ _____
From Other Members of Household	\$ _____
From Any Other Source (alimony, child support, etc.)	\$ _____
Total Monthly Household Income From All Sources	\$ _____

Estimated Monthly Household Expenses

List known or estimated monthly expenses for the semester for which this application is made.

Housing/Utilities	\$ _____
Transportation	\$ _____
Food/Clothing	\$ _____
Medical/Insurance	\$ _____
Childcare:	\$ _____
Other: _____	\$ _____
Total Monthly Household Expenses	\$ _____

ACADEMIC FINANCIAL PLANNING

Indicate what your academic expenses will be for the semester/quarter for which you are applying for this scholarship. This scholarship may be applied to tuition, books and fees only. Please submit a copy of the tuition and fee schedule from your school. You must reapply or update your application for each semester/quarter for which you wish to be considered.

Semester (*Check One*): Spring ____ Fall ____ School Year: _____

Status: Full-time _____ Part-time _____ # of Hours: _____

Tuition/Fees :\$ _____ Books:\$ _____

Student Financial Aid:

List all sources of financial aid you intend to receive for the semester/quarter this application will be considered. If you are not applying for these sources please indicate so with "N/A". If you have applied but do not know the amount of your award please indicate with "unknown".

From Loans \$ _____

From Scholarships \$ _____

From Pell Grants or other grants \$ _____

From Other Sources \$ _____

Total Semester/Quarter Financial Aid \$ _____

EDUCATIONAL HISTORY

List the high schools and colleges you have attended and the dates attended:

- 1. _____
- 2. _____
- 3. _____

What is the highest grade level you have attained? _____

Are you in school now? _____ If yes, where? _____

EDUCATIONAL GOALS

Have you been accepted to a program leading to a degree or certificate? _____

What school will you be attending? _____

What degree or certificate are you pursuing? _____

Anticipated completion date: _____

