

**TULSA INTERAGENCY COUNCIL (TIC)
SCHOLARSHIP
APPLICATION PACKET**

\$500.00 - \$1,500.00

**TULSA COMMUNITY COLLEGE
NURSING DIVISION**

Certificate Programs:

Nursing Assistant, Patient Care Technician and
Geriatric Technician (Advanced CNA)

Nursing:

Traditional RN Program and the LPN Advanced Placement Track into the RN Program

DEADLINE: Application must be submitted on or before **April 30, 2011**

January 1, 2011

Tulsa Interagency Council (TIC) is pleased to announce that we will award a scholarship to one or more eligible individuals seeking advanced education and training in nursing and other related areas of health care in the Tulsa Area.

Enclosed are the application forms. Do not use the forms from previous years. Please give copies of these forms to eligible individuals working in your agencies/facilities.

For the application to be considered, it must meet the following requirements:

1. Submitted by the date requested.
2. The completed application must be clear, concise and legible. Please print if handwritten.
3. A signed Student Authorization if applicable. (Section C)
4. A transcript of the student's current standing, grade point average and if applicable, a receipt of course enrollment.
5. A typewritten essay that is signed by the applicant. (Section D)

NOTE: Eligible applicants may be asked to present their written narrative at a TIC meeting.

6. An Intent Agreement signed by the applicant. (Section E)
7. Obtain three (3) Evaluations and at least one (1) Letter of Recommendation from a college faculty member and/or an employer. Submitting more than one recommendation is beneficial. (Section F)

Winners will be notified in writing with specific instructions. Scholarships will be presented at the next scheduled Tulsa Interagency Council meeting after recipient(s) are selected. Location and time will be included with the letter.

Return by April 30, 2011.

Submit to:

**Sandra Kuebler, MS, RN
TIC Scholarship Committee Chairperson
Nursing Certificate Programs Coordinator
Tulsa Community College, Metro Campus
909 South Boston, MC-501 B
Tulsa, OK 74119-2095**

For information:
skuebler@tulsacc.edu

TULSA INTERAGENCY COUNCIL SCHOLARSHIP APPLICATION

Section A

PERSONAL INFORMATION

Name: _____
Student Account # (if applicable) _____
Current Street Address: _____
City: _____ State: _____ Telephone: () _____
Date of Birth: _____ Age: _____ Sex: _____
Oklahoma Resident: _____ Tulsa Area Resident: _____ USA Citizen: _____

EDUCATIONAL INFORMATION

High School Attended: _____ Year Graduated _____
Other diplomas, degrees or licenses earned: _____
School currently attending: _____
Major: _____ Expected graduation date: _____
Number of college hours earned: _____ Grade point average: _____

FINANCIAL STATUS

Are you currently employed? _____
If yes, name of employer: _____
Monthly salary: \$ _____ Taxable income: \$ _____
Do you receive: (Please circle) alimony child support AFDC SS? Other: _____
Grants you have received. Specify: _____
Amount: \$ _____
Scholarships you have received. Specify: _____
Amount: \$ _____
Outstanding loans that must be repaid. Specify amount & interest rate: \$ _____

MARITAL STATUS

Please circle: Married Single Divorced
Name of spouse if married: _____
Number of children: _____ Ages: _____
Spouse's monthly income: \$ _____

PARENTAL INFORMATION

(Complete if you live with your parents during the current or previous year)
Father's Name: _____ Occupation: _____
Mother's Name: _____ Occupation: _____
Contact information for parents or guardian: Street address: _____
City: _____ State: _____ Telephone: () _____
Number of dependents in parents' family: _____ Ages: _____
Number of dependents who are or will be in college: _____
Parent's adjusted gross income for previous year: (Circle one)
1) \$0-9,999 2) \$10,000-19,999 3) \$20,000-29,000 4) \$30,000-39,999 5) Over \$40,000

Section B

SUMMARY of SCHOOL HONORS, OFFICES HELD, EXTRACURRICULAR ACTIVITIES, ETC.

Section C STUDENT AUTHORIZATION FORM

Please complete the attached form for your academic standing at your school.

Section D ESSAY

Submit a typewritten, one to two-page double spaced essay explaining why you should be chosen as the recipient of this scholarship. Address the following:

1. Your future career goals.
2. How the TIC Scholarship funds will assist you in achieving your career goals.
3. Qualities you possess that reflect why you should be the recipient of the TIC Scholarship.
4. Caring and the role of nursing in healthcare.

NOTE: Eligible applicants may be asked to give an oral presentation at a TIC Meeting and will be notified as to the date and time of the meeting.

Section E INTENT AGREEMENT (see attached form)

Section F EVALUATION FORMS (See attached form)

LETTER(s) of RECOMMENDATION (See attached form)

Submit three (3) Evaluation forms and at least one Letter of Recommendation from your faculty/employer with your completed scholarship application.

NOTE:

- You may have college faculty, current or past employer(s) and/or other references complete the Evaluation forms, but one of the three should include an employer.
- Provide your evaluators with mailing envelopes that are stamped and addressed so the Evaluation forms may be placed in the envelopes and mailed.
- Stamped and addressed envelopes should also be provided to faculty/employers who have agreed to provide Letters of Recommendation.

Section C TULSA INTERAGENCY COUNCIL SCHOLARSHIP APPLICATION
STUDENT AUTHORIZATION

I hereby authorize (Name of School) _____
to release such information regarding my economic status and academic standing as may be
requested by the donor of the scholarship.

Signature of the applicant _____ Date _____

This information and application contained herein will be used exclusively by the Tulsa
Interagency Council (TIC) Scholarship Committee only. **All information contained in these
documents is confidential and will remain confidential.**

Please mail to the address below by April 30, 2011.

**Sandra Kuebler, MS, RN
TIC Scholarship Committee Chairperson
Nursing Certificate Programs Coordinator
Tulsa Community College, Metro Campus
909 South Boston, MC-501 B
Tulsa, OK 74119-2095**

Section E TULSA INTERAGENCY COUNCIL SCHOLARSHIP APPLICATION
INTENT AGREEMENT

I, _____, agree to utilize the scholarship award money given to me by the Tulsa Interagency Council (TIC) for the sole purpose of defraying my nursing education expenses.

Signature of Scholarship Award Recipient

Date

Representative of the Tulsa Interagency Council (TIC)

Date

In the event that it has been determined that the scholarship award money was used for purposes other than for nursing education expenses, TIC, the awarding organization, will seek reimbursement from the recipient for the amount of the scholarship award.

**Section F TULSA INTERAGENCY COUNCIL SCHOLARSHIP APPLICATION
FACULTY/EMPLOYER EVALUATION FORM**

APPLICANT'S

NAME: _____

Deadline Date: April 30, 2011.

Student: Please give this form to a nursing faculty member(s) and/or employer to evaluate your work performance and professionalism. Have the faculty and/or employer mail the form to the contact person listed below.

Faculty/Employer:

The student listed above is applying for a nursing scholarship. Using a scale of 1-4, with 4 being the most professional and 1 the least professional, rate the student on the five areas listed under Professionalism below. Please return the form to the contact person listed below by the deadline.

Professionalism	4	3	2	1
Displays professional behavior				
Accepts coaching and seeks direction as needed				
Demonstrates a compassionate demeanor, goes the extra mile to meet the needs of the client.				
Relates well with clients and staff				
Displays self-confidence				
Seeks opportunities to learn and grow				
Demonstrates leadership skills				

Comments:

Faculty/Employer Name (Please Print)

Faculty/Employer Signature

Submit or mail to: **Sandra Kuebler, MS, RN**
TIC Scholarship Committee Chairperson
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For information: **skuebler@tulsacc.edu**

Make copies of this form as needed.