



## Scholarship Application Form

TCONHS-1

**Directions:**

This application form must be completed in its entirety. Incomplete applications will not be accepted; applicants will be notified in writing.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_  
(Last, First, Middle Initial)

Current Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Personal E-mail Address \_\_\_\_\_

High School		
High School Attended	_____	
Trinity College Office Use Only		
Trinity Cumulative GPA Weighted by Points	4.0 3.5 - 3.99 3.0 - 3.4 2.5 - 2.9	<input type="checkbox"/> 5 Points <input type="checkbox"/> 4 Points <input type="checkbox"/> 3 Points <input type="checkbox"/> Exact GPA

**I AM A STUDENT IN:**

Year (1-2)

- Nursing-ASN \_\_\_\_\_
- Nursing-(circle one) BSN-A, BSN-B, BSN-C \_\_\_\_\_
- Radiography \_\_\_\_\_
- Respiratory Care \_\_\_\_\_
- BSHS \_\_\_\_\_
- MSN \_\_\_\_\_

**Please check other financial or gift assistance you are currently receiving:**

- Direct Subsidized Loan
- Direct Unsubsidized Loan
- Pell Grant
- IL MAP Grant
- Other Scholarships
- VA Benefits
- Other \_\_\_\_\_

Be sure to check your scholarship selections on the final pages of this application.



**ESSAY QUESTIONS**

**Deadline** November 30

**Awards** Applicants will be notified of awards for spring semester.

**Evaluation** Essay questions will be evaluated on the quality and depth of responses to the questions below based on the following criteria: probability of success, references, and school and community involvement. Please type your responses.

1. Introduce yourself and include your background and prior educational experiences.

**For Office Use Only**  
 1  2  3  4  5

2. What factors influenced your decision to attend Trinity College of Nursing & Health Sciences and your selection of program of study?

**For Office Use Only**  
 1  2  3  4  5

3. What are your long-term career goals? What steps do you plan to take to achieve these goals?

**For Office Use Only**  
 1  2  3  4  5



**For Office Use Only**

4. Describe your involvement in leadership, service, community, or other volunteer activities.

1    2    3    4    5

**For Office Use Only**

5. What unique characteristics do you bring to the health care professions? Please address any eligibility requirements specific to designated scholarship. (see this criteria page.)

1    2    3    4    5



## Scholarship Application: Trinity Reference Form Only

### See separate form for Phi Theta Kappa Reference

Please complete each item below:

Applicant _____
Program _____

**Applicant:** Fill in your name and ask an instructor, counselor, employer, clergy or other non-personal reference to complete and return a form on your behalf. Your scholarship application will not be considered unless this reference form is received by the appropriate deadline.

**References:** Complete student's reference form and return to the address below or bring to Trinity College of Nursing & Health Sciences Financial Aid Specialist.

**Deadline is NOVEMBER 30.** All information will be held in confidence.

NOTE: USE WHOLE NUMBERS	5 Outstanding	4	3 Average	2	1 Below Average
<b>Academic Progress or Personal Achievement</b> (grades and/or quality of work)					
<b>Attendance/Reliability</b> (class attendance and/or dependability)					
<b>Attitude/Cooperation</b> (relationship with others)					
<b>Communication Skills</b> (ability to express ideas)					
<b>Leadership</b> (judgment and ability to lead and influence)					
<b>Motivation</b> (initiative, resourceful, self-starter)					
<b>Potential for Success</b> (ability to set and achieve goals)					
<b>Work Habits/Organizational Skills</b> (ability to plan, manage and execute)					
				<b>Total</b>	

**Comments** (Please provide additional comments regarding above evaluation):

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Reference Name \_\_\_\_\_ Title/Relationship \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone/Cell Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit all completed forms to the Financial Aid Specialist, Scholarship Committee Chair, by November 30.**  
**Applicants will receive written notification of scholarship awards by spring semester.**





**Submit completed application form and above requirements**

To: Trinity College of Nursing & Health Sciences  
Attn: Financial Aid Specialist  
2122 25th Ave.  
Rock Island, IL 61201

**If you have any questions, please call the Financial Aid Specialist at:** Phone: (309) 779-7740

**Read and Sign:**

I have read and understand the guidelines and directions listed above, and I am aware that failure to follow them may result in the disqualification of my application. I certify that all information is, to the best of my knowledge, true and correct; and I authorize the Trinity College of Nursing & Health Sciences scholarship selection committee to obtain information to verify my eligibility. I understand an award may affect my financial aid, and that the awarding of any scholarship is contingent on verification of satisfactory academic progress. I also understand scholarship awards are based on merit and that disciplinary action or violation of Trinity College of Nursing & Health Sciences student code of conduct may result in withholding of all or a portion of my scholarship award. I authorize Trinity College of Nursing & Health Sciences to utilize information provided in this application for a scholarship news release or other public relations and marketing purposes.

Applicant's Signature: \_\_\_\_\_

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



## Scholarship Student Profiles

Student's Name: \_\_\_\_\_

Hometown: \_\_\_\_\_

High School GPA or Class Rank: \_\_\_\_\_

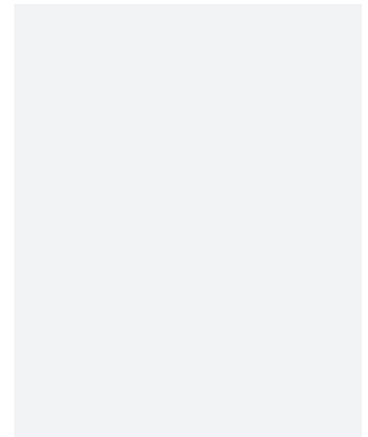
College: \_\_\_\_\_

Major: \_\_\_\_\_

Future Education Plans: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Insert Picture

Hobbies: \_\_\_\_\_

Awards: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Interesting Facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**READ CAREFULLY**

Check All  
That Apply

Sponsor	Program	Criteria
Advanced Radiology Associates	AAS in Radiography	<p><b>Minimum GPA 3.00 of 4.0</b></p> <ul style="list-style-type: none"> <li>Completion of one year of coursework in Trinity's Radiography Program and accepted as a second year student</li> <li>Also considered: Past academic performance, future potential, community participation, work experience, need, career aspiration, and unusual personal circumstances</li> </ul>
<p>Agnes P. Swanson Memorial Scholarship</p> <p><input type="checkbox"/> Check if you are a current TCNHS Alumni Association dues paying member</p>	Nursing	<ul style="list-style-type: none"> <li>Trinity College ASN or a predecessor school's nursing program graduate</li> <li>Documentation of tuition/fees prior to award</li> <li>Satisfactory academic progress must be maintained to renew from semester to semester</li> </ul>
Alla Family Health Education Endowed Gift	Nursing	<p><b>Minimum GPA 2.75/4.0</b></p> <ul style="list-style-type: none"> <li>Community participation and financial need considered</li> </ul>
Annabelle C.T. Coombe Memorial Scholarship	Nursing	<p><b>Minimum GPA 3.00/4.0</b></p> <ul style="list-style-type: none"> <li>1st or 2nd year nursing student</li> </ul>
Childers/Wolff Memorial Scholarship	Nursing	
Connie Hoyle Memorial Scholarship	Nursing	<p><b>Minimum GPA 3.0/4.0</b></p> <ul style="list-style-type: none"> <li>Iowa resident with financial need and extraordinary circumstances</li> </ul>
Helpenstell Accelerated Nursing Scholarship	Nursing BSN-A only	<ul style="list-style-type: none"> <li>Bachelor's Degree must be from an accredited college or university, physically located in the Quad Cities</li> <li>Unusual personal or family circumstances</li> </ul>
Josephine Brandt Memorial Scholarship	Nursing	<p><b>Minimum GPA 3.00/4.0</b></p>
Julie Auliff Scholarship	Nursing	<p><b>Minimum GPA 2.75/4.0</b></p> <ul style="list-style-type: none"> <li>Completion of at least one full year at an accredited college or university</li> <li>Intent to practice in oncology or those working in oncology who wish to pursue an advanced degree will be viewed more favorably</li> </ul>
Kathy & Eric Crowell Obstetric/Midwifery Scholarship	Nursing	<p><b>Minimum GPA 3.20/4.0</b></p> <ul style="list-style-type: none"> <li>Enrolled in BSN-C and practicing in obstetrics or completed clinical rotation in the ASN program choosing obstetric nursing upon completion of BSN program</li> </ul>
Kay B. Coin Nursing Student Scholarship	Nursing	<p><b>Minimum GPA 3.00/4.0</b></p> <ul style="list-style-type: none"> <li>Less than 30 years old or high school senior or high school graduate who plans to enroll in TCNHS.</li> <li>Must reside within a 50 mile radius of the QC's</li> </ul>





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Sponsor	Program	Criteria
<b>Kings Daughters Scholarship</b>	<b>Nursing</b>	<ul style="list-style-type: none"> <li>• Second year student preferred</li> <li>• Rock Island county resident</li> </ul>
<b>Laurie Hauman Endowed Memorial Nursing Scholarship</b>	<b>Nursing</b>	<p><b>Minimum GPA 2.75/4.0</b></p> <ul style="list-style-type: none"> <li>• Completed one full year of ASN or BSN program</li> <li>• Faculty Recommendation</li> </ul>
<b>Lee Memorial Scholarship</b>	<b>Nursing</b>	<p><b>Minimum incoming GPA 3.50/4.0</b></p> <ul style="list-style-type: none"> <li>• First year ASN student</li> <li>• (preference given to underrepresented population within student body)</li> </ul>
<b>Mary Eileen Voss Scholarship</b>	<b>Nursing</b>	<p><b>Minimum GPA 3.0/4.0</b></p> <ul style="list-style-type: none"> <li>• Preference for students interested in pursuing oncology, pediatrics or hospice nursing</li> <li>• Full time BSN</li> </ul>
<b>Marquerite N. Brooks Nursing Education Endowment</b>	<b>Nursing</b>	<ul style="list-style-type: none"> <li>• ASN graduate or 3rd or 4th year BSN student</li> <li>• Interest in graduate work required</li> <li>• Interest in teaching required</li> </ul>
<b>Phi Theta Kappa Honor Society Beta Zeta Beta Chapter</b>	<b>Nursing – ASN Radiography Respiratory Care</b>	<p><b>Minimum GPA 3.5 or greater</b></p> <ul style="list-style-type: none"> <li>• Current and active member of the Beta Zeta Beta chapter</li> <li>• Attends at least half of the chapter meetings</li> <li>• Participate with service projects</li> <li>• Spring graduates of Trinity College of Nursing &amp; Health Sciences may apply for the scholarship for continuing their studies in the B.S. in Health Science or the B.S. in Nursing program for the following fall semester</li> <li>• Along with your scholarship application include a letter detailing your involvement in the Beta Zeta Beta chapter and your future scholastic plans.</li> <li>• Two \$250 scholarships will be awarded. But if there is only one qualified candidate then \$500 will be awarded to that person.</li> </ul>
<b>Rock Island County Medical Alliance Scholarship</b>  <input type="checkbox"/> Check if you are a Rock Island county resident.	<b>Nursing</b>	<ul style="list-style-type: none"> <li>• Must be a 2nd year student</li> </ul>
<b>Robert &amp; Julie Blew Annual Nursing Scholarship</b>	<b>Nursing</b>	<p><b>Minimum GPA 3.0/4.0</b></p> <ul style="list-style-type: none"> <li>• Renewable; must maintain GPA of 3.0/4.0 to retain the award.</li> </ul>
<b>Robert Schutjer Scholarship</b>	<b>Nursing</b>	<p><b>Minimum GPA 2.00/4.0</b></p>



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That Apply






	Sponsor	Program	Criteria
<input type="checkbox"/>	<b>Roxanne Kramer Student Scholarship</b>	Nursing	<b>Minimum GPA 3.0/4.0</b> <ul style="list-style-type: none"> <li>• Child of someone who is or has battled breast cancer</li> <li>• Preference of students wishing to pursue a health degree in a field that specializes in treatment of breast cancer. (not required, but preferred)</li> </ul>
<input type="checkbox"/>	<b>Smilja Pokrajac Memorial Scholarship</b>  <input type="checkbox"/> Check if you are a East Moline Resident	Nursing	
<input type="checkbox"/>	<b>Trinity College Alumni Association Sponsored General Scholarship</b>	Open to all Programs	<b>Minimum GPA 3.00/4.0</b> <ul style="list-style-type: none"> <li>• First or second year nursing or health sciences student</li> <li>• If Alumnus completing advanced degree courses, must be current with dues</li> </ul>
<input type="checkbox"/>	<b>Trinity College General Scholarship</b>	Open to all Programs	<b>Minimum GPA 3.00/4.0</b> <ul style="list-style-type: none"> <li>• Students with financial need given preference</li> <li>• Must have successfully completed one semester.</li> </ul>
<input type="checkbox"/>	<b>Trinity Endowment Scholarship</b>	Open to all Programs	<b>Minimum GPA 3.00/4.0</b> <ul style="list-style-type: none"> <li>• Students with financial need given preference</li> <li>• Must have successfully completed one semester.</li> </ul>