TCONHS-1

TRINITY COLLEGE OF NURSING & HEALTH SCIENCES
IOWA HEALTH SYSTEM

# Scholarship Application Form

Please complete each item below:

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

Current Address: _____, _____, _____ _____
(Street Address) (City) (State) (Zip Code)

Permanent (Former) Hometown _____ Hometown Newspaper _____
(City, State)

E-mail Address _____

**I AM A STUDENT IN:**

| | Year (1-4) | Semester (1-2) |
|---|---|---|
| _____ Nursing-ASN | _____ | _____ |
| _____ Nursing-(circle one) BSN-A, BSN-B, BSN-C | _____ | _____ |
| _____ Radiography | _____ | _____ |
| _____ Respiratory Care | _____ | _____ |

| IMPORTANT INFORMATION DO NOT OMIT |
|---|
| I have registered (plan to register) for how many credit hours? |
| Current GPA: |
| |

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

_____

_____

**ALUMNI SCHOLARSHIP** (only complete if you are an alumnus requesting funds for continuing or higher education)

**I AM A DUES-PAYING MEMBER OF TRINITY COLLEGE ALUMNI ASSOCIATION.** ☐ **Yes** ☐ **No**

Program of Study _____ Year of Graduation: _____

Current College Attending _____ Hours Completed: _____

Other Post Secondary Education: _____ Degrees Attained: _____

(The following information is optional and will not affect your scholarship eligibility.)

Are you employed by Trinity Regional Health System? ☐ Yes ☐ No

If yes, Campus _____ Department _____ Position _____

Are you currently receiving scholarship assistance from other sources? ☐ Yes ☐ No

If yes, from where / whom (community, state or national organization)? _____

**ALL APPLICANTS: PLEASE ATTACH TO THE APPLICATION FORM** a brief statement of your educational and professional goals and personal/ financial need for scholarship assistance in support of your application. Also identify the scholarships for which you are applying.

**Submit completed application form and above requirements**
To: Trinity College of Nursing & Health Sciences, 2122 25th Ave. Rock Island IL 61201

**If you have any questions, please call the Student Services Office at:**
Phone: (309) 779-7700

I confirm that the information on this application is accurate and do hereby agree to notify Trinity College of Nursing &Health Sciences of any change. I also authorize Trinity College of Nursing & Health Sciences to release academic and financial aid information to the Trinity College Scholarship Committee.

Applicant's Signature: _____

Date: _____

| FOR OFFICE USE ONLY | |
|---|---|
| Date Received | |
| Narrative | ☐ Yes ☐ No |
| Scholarship Awarded | ☐ Yes ☐ No |
| Scholarship | |
| Amount | |
| Account Number | |
| Student ID Number | |

| Check All That Apply | Program/Sponsor | Application | Eligibility | Award Amount |
|---|---|---|---|---|
| ☐ | AAS in Radiography/ Advanced Radiology Associates | Trinity Scholarship Application; reapply each year | Minimum GPA 3.0/4.0. Completion of one year of coursework in Trinity's Radiology Tech program and be accepted as a second year student in the program. Also, considered: past academic performance, future potential, community participation, work experience, need, career aspiration, unusual personal or family circumstances. | $1,000-$5,000 Awarded annually |
| ☐ | Nursing/Alla Family Health Education Endowed Gift | Same as above | Minimum GPA 2.75/4.0 Community Participation Financial Need | Amount varies Awarded annually |
| ☐ | Nursing/Annabelle C.T. Coomb Memorial Scholarship | Same as above | Minimum GPA 3.0/4.0 1st or second year nursing student | Amount varies Awarded annually |
| ☐ | Nursing/Childers/Wolff Memorial Scholarship | Same as above | Financial Need | Amount varies |
| ☐ | Nursing/Connie Hoyle Memorial Scholarship | Same as above | Minimum cumulative GPA 3.0/4.0. ASN/BSN program Iowa resident with Financial Need and Extraordinary circumstances | Amount varies Awarded annually |
| ☐ | BSN-A/Helpenstell Nursing Scholarship | Same as above | Minimum GPA 3.2/4.0 BSN-A Program (Enrolled) Bachelor's Degree must be from an accredited college or university physically located in the Quad Cities. Financial Need or unusual personal or family circumstances | Amount varies Awarded annually |
| ☐ | Nursing/Josephine Brandt Memorial Scholarship | Same as above | Minimum GPA 3.0/4.0 | Amount varies Awarded annually |
| ☐ | Nursing/Julie Auliff Scholarship | Same as above | Minimum GPA 2.75/4.0 Completion of at least one full year at an accredited college or university Intent to practice in oncology or those working in oncology who wish to pursue an advanced degree will be viewed more favorably. | Amount varies |

| Check All That Apply | Program/Sponsor | Application | Eligibility | Award Amount |
|---|---|---|---|---|
| ☐ | Nursing/Kathy and Eric Crowell/Obstetric Nursing/Midwifery Scholarship | Trinity Scholarship Application; reapply each year | Minimum GPA 3.2/4.0<br>Enrolled in BSN-C and practicing in obstetrics or completed clinical rotation in the ASN program choosing obstetrics nursing upon completion of BSN program. | Amount varies<br>Awarded annually |
| ☐ | Nursing/Kathryn Avers Memorial Scholarship | Same as above | Minimum GPA 2.75/4.0<br>1st year nursing student | Amount varies<br>Awarded annually |
| ☐ | Nursing/Kay B. Coin Nursing Student Scholarship | Same as above | Minimum GPA 3.0/4.0 Less than 30 years old or high school senior or high school graduate who plans to enroll in TCON. Must reside within a 50 mile radius of QC. | Amount varies<br>Awarded annually |
| ☐ | Nursing/King's Daughters Scholarship | Same as above | Second year student preferred/ Rock Island County Resident | Amount varies |
| ☐ | Nursing/Laurie Hauman Endowed Memorial Nursing Scholarship | Same as above | Minimum GPA 2.75/4.0<br>3.0/4.0 at time of renewal<br>Completed one full year of ASN/ BSN program<br>Financial Need<br>Faculty Recommendation | Amount varies |
| ☐ | Nursing/Lee Memorial Scholarship | Same as above | Incoming GPA 3.5/4.0<br>First year ASN student<br>Financial Need<br>Preference given to underrepresented population within student body | $500/per semester |
| ☐ | Nursing/Moline Public Hospital School of Nursing Alumni Scholarship | Same as above | Advanced Nursing or nursing related education<br>Alumni dues need to be paid for three consecutive years | $250.00-$500.00 (One student at $500.00 or 2 students at $250.00) |
| ☐ | Nursing/Nancy Strombeck Memorial Scholarship | Same as above | First or Second year nursing student<br>Financial Need | Amount varies<br>Awarded annually |
| ☐ | Nursing/Rock Island County Medical Alliance Scholarship | Same as above | Nursing student<br>Financial Need<br>Rock Island County Resident preferred<br>2nd year student preferred | $500.00-$1000.00 per academic year |
| ☐ | Nursing/Robert Schutjer Scholarship | Same as above | Minimum 2.0/4.0<br>Nursing student | Amount varies |

| Check All That Apply | Program/Sponsor | Application | Eligibility | Award Amount |
|---|---|---|---|---|
| ☐ | Nursing/Trinity Nursing Alumni Association Sponsored General Scholarship | Trinity Scholarship Application; reapply each year | Minimum 2.0/4.0<br>First or Second year nursing student<br>Financial Need | $100.00-$500.00<br>Awarded biannually |
| ☐ | Nursing/Agnes P. Swanson Memorial Scholarship | Same as above | Trinity College ASN or a predecessor school's nursing program graduate. Current Trinity Nursing Alumni Association dues paying member. Documentation of tuition/fees prior to award. Satisfactory academic progress must be maintained to renew from semester to semester. | Up to $1000.00 per student |
| ☐ | Nursing/Smilja Pokrajac Memorial Scholarship | Same as above | Nursing student/East Moline resident preferred | Amount varies<br>Awarded annually |
| ☐ | Trinity College General Scholarship | Same as above | All students currently enrolled at Trinity College of Nursing; Minimum GPA of 3.0; Students with Financial need given preference; Must have successfully completed one semester. | Amount varies<br>Awarded annually |
| ☐ | Trinity Endowment Scholarship | Same as above | All students currently enrolled at Trinity College of Nursing; Minimum GPA of 3.0; Students with Financial need given preference; Must have successfully completed one semester. | Amount varies<br>Awarded annually |
| ☐ | Fuhrman, Mabel Scholarship | Same as above | No Criteria | Amount varies<br>Awarded annually |
| ☐ | Marquerite N. Brooks Nursing Education Endowment | Same as above | Trinity College ASN Grad<br>3rd or 4th year BSN Student<br>Interest in Graduate work required,<br>Interest in teaching required | Max 1000 per year (Based on funding levels) |