Trinity College of Nursing
& Health Sciences
UnityPoint Health

Scholarship Application Form

TCONHS-1

Directions:
This application form must be competed 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)

Permanent (Former) Hometown _____
(City, State)

E-mail Address _____

High School	
High School Attended	
Year of High School Graduation	
High School GPA	

Trinity College	
I have registered (plan to register) for how many credit hours?	
Trinity Cumulative GPA	

I AM A STUDENT IN:

Year (1-4)

- ☐ 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 _____

ALUMNI SCHOLARSHIP (only complete if you are an alumnus)

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

Trinity College of Nursing
& Health Sciences
UnityPoint Health

ESSAY QUESTIONS

Deadline	November 15
Awards	Applicants will be notified of awards for spring semester.
Evaluation	Applications will be evaluated on the quality and depth of responses to the questions below based on the following criteria: probabilty of success, references, and school and community involvement. Please print or type your responses.

	For Office Use Only
1. Introduce yourself and include your background and prior educational experiences.	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	For Office Use Only
2. What factors influenced your decision to attend Trinity College of Nursing & Health Sciences and your selection of program of study?	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

	For Office Use Only
3. What are your long-term career goals? What steps do you plan to take to achieve these goals?	○ 1 ○ 2 ○ 3 ○ 4 ○ 5

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

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

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

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.)

Trinity College of Nursing
& Health Sciences
UnityPoint Health

Scholarship Application: Reference Form

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 15. All information will be held in confidence.

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

Comments (Please provide additional comments regarding above evaluation):

_____

_____

_____

_____

_____

_____

_____

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 15.

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: _____

Trinity College of Nursing
& Health Sciences
UnityPoint Health

Scholarship Student Profiles

Student's Name: _____

Hometown: _____

High School GPA or Class Rank: _____

College: _____

Major: _____

Future Education Plans: _____

_____

_____

Hobbies: _____

Awards: _____

Extracurricular Activities: _____

Volunteer Activities: _____

_____

_____

Other Interesting Facts: _____

_____

_____

_____

_____

READ CAREFULLY Check All That Apply	Sponsor	Program/Criteria
☐	**Advanced Radiology Associates**	**AAS in Radiography** — **Minimum GPA 3.00 of 4.0** • Completion of one year of coursework in Trinity's Radiography Program and accepted as a second year student • Also considered: Past academic performance, future potential, community participation, work experience, need, career aspiration, and unusual personal circumstances
☐	**Alla Family Health Education Endowed Gift**	**Nursing** — **Minimum GPA 2.75/4.0** • Also considered; community participation and financial need
☐	**Annabelle C.T. Coomb Memorial Scholarship**	**Nursing** — **Minimum GPA 3.00/4.0** • 1st or 2nd year nursing student
☐	**Childers/Wolff Memorial Scholarship**	**Nursing** • Financial Need
☐	**Connie Hoyle Memorial Scholarship**	**Nursing** — **Minimum GPA 3.0/4.0** • Iowa resident with financial need and extraordinary circumstances
☐	**Helpenstell Nursing Scholarship**	**Nursing (BSN-A program only)** • 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
☐	**Josephine Brandt Memorial Scholarship**	**Nursing** — **Minimum GPA 3.00/4.0**
☐	**Julie Auliff Scholarship**	**Nursing** — **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
☐	**Kathy & Eric Crowell Obstetric/Midwifery Scholarship**	**Nursing** — **Minimum GPA 3.20/4.0** • Enrolled in BSN-C and practicing in obstetrics or completed clinical rotation in the ASN program choosing obstetric nursing upon completion of BSN program

READ CAREFULLY Check All That Apply	Sponsor	Program/Criteria
☐	**Kathyrn Avers Memorial Scholarship**	**Nursing** **Minimum GPA 2.75/4.0** • 1st Year Student
☐	**Kay B. Coin Nursing Student Scholarship**	**Nursing** **Minimum GPA 3.00/4.0** • Less than 30 years old or high school senior or high school graduate who plans to enroll in TCNHS. • Must reside within a 50 mile radius of the QC's
☐	**Kings Daughters Scholarship**	**Nursing** • Second year student preferred • Rock Island county resident
☐	**Laurie Hauman Endowed Memorial Nursing Scholarship**	**Nursing** **Minimum GPA 2.75/4.0** • Completed one full year of ASN or BSN program • Financial need • Faculty Recommendation
☐	**Lee Memorial Scholarship**	**Nursing** **Minimum incoming GPA 3.50/4.0** • First year ASN student • Financial need (preference given to underrepresented population within student body)
☐	**Nancy Strombeck Memorial Scholarship**	**Nursing** • First or second year nursing student • Financial need
☐	**Rock Island County Medical Alliance Scholarship**	**Nursing** • Financial need • Rock Island county resident preferred • 2nd year student
☐	**Robert Schutjer Scholarship**	**Nursing** **Minimum GPA 2.00/4.0**
☐	**Trinity Nursing Alumni Asscoiation Sponsored General Scholarship**	**Nursing** **Minimum GPA 2.00/4.0** • First or second year nursing student • Financial need

READ CAREFULLY Check All That Apply	Sponsor	Program/Criteria
☐	**Agnes P. Swanson Memorial Scholarship**	**Nursing** • Trinity College ASN or a predecessor school's nursing program graduate • Current TCNHS Alumni Association dues paying member • Documentation of tuition/fees prior to award • Satisfactory academic progress must be maintained to renew from semester to semester
☐	**Smilja Pokrajac Memorial Scholarship**	**Nursing** • East Moline preferred
☐	**Trinity College General Scholarship**	**All student currently enrolled at TCNHS** **Minimum GPA 3.00/4.0** • Students with financial need given preference • Must have successfully completed one semester.
☐	**Trinity Endowment Scholarship**	**All student currently enrolled at TCNHS** **Minimum GPA 3.00/4.0** • Students with financial need given preference • Must have successfully completed one semester.
☐	**Mabel Fuhrman Memorial Scholarship**	**All student currently enrolled at TCNHS**
☐	**Marquerite N. Brooks Nursing Education Endowment**	**Nursing** • ASN graduate or 3rd or 4th year BSN student • Interest in graduate work required • Interest in teaching required
☐	**Moline Rotary Club**	**Radiography, Respiratory Care, BSHS** **Minimum GPA 2.50/4.0** • Moline Resident • Graduate of Moline High School or Alleman High School; GED through Black Hawk College • Must have exceptional response to application question #4. Describe your involvement in leadership, service, community or other volunteer activities