**Scholarship Application**

**Fall 2023**

San Antonio Emergency Nurses Association

Please review and insure you meet all eligibility and application requirements before completing this application. Additionally, it is highly recommended that you review the additional information on the “Scholarship Information” for further direction.

**Please type or clearly print all information.**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip+4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Nurses Association Membership Number: \_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_

Texas Student Nurses Association Membership Number: \_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_

National Student Nurses Association Membership Number: \_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_

(A copy of the card verifying each organizational membership is required)

Applying for Scholarship: □ Category #1 □ Category #2 □ Category #3

Current licensure: □ Non-nurse □ LVN / LPN □ RN

Nursing license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of licensure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other healthcare related titles (EMT, RT, CNA, Paramedic): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any non-nursing degree(s) currently held and area of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Current nursing specialty certifications: (mark all that apply)

□ CEN □ CPEN □ CFRN □ CTRN □ CCRN □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(A copy of the card verifying each certification is required)

If RN, indicate highest nursing degree currently held:

□ ADN □ Diploma in Nursing □ BSN □ MSN

Degree you are currently seeking:

□ ADN □ BSN □ MSN □ Doctorate □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institution at which you are currently enrolled: (name and address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution accreditation: □ NLN □ AACN □ CCNE

(A letter verifying institution accreditation may be requested if we cannot confirm easily.)

**Reference Letters:** Two reference letters are required for all applicants, and should be submitted with your completed application. It is highly recommended that one of the two letters come from a current San Antonio ENA member that can validate SAENA meeting attendance and participation. References must be current and specific to scholarships. Reference letters do not need to be submitted in sealed or separate envelopes.

Name of references:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ ENA Member
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ ENA Member

**Applicant Checklist:**

□ Certified (sealed) transcript(s) have been requested from the institutions

(These must be mailed directly from the institutions to the Scholarship Committee.)

□ Application Completed. All blanks must be filled in. Signed.

(Although a résumé or curriculum vitae is required, that is not a substitute for entering information on the application.)

□ Copy of ENA, TNSA, &/or NSNA Membership card(s)

□ Letter of acceptance to institution for current semester

□ Document from institution verifying tuition total for the semester

□ □ Reference letters

□ Résumé or curriculum vitae

□ Written verification if service work or community service.

□ Letter verifying institution accreditation if requested by Committee

**Please send complete signed application and all required documents electronically scanned as one document to the SAENA Scholarship Committee:** [SAENAScholarships@satx.rr.com](mailto:SAENAScholarships@satx.rr.com) .

**Please have institution(s) send transcripts to:** SAENA Scholarship Committee

406 W. Sandalwood Lane

San Antonio, Texas 78216-6843

**Deadline: Application must be sent by and transcripts postmarked by August 15, 2023.**

**SAENA Contacts:** Tom Culwell at 210-824-6103 or e-mail: [SAENAScholarships@satx.rr.com](mailto:SAENAScholarships@satx.rr.com)

I have completed and reviewed this San Antonio ENA Scholarship Application. To the best of my knowledge, the information enclosed is accurate and true. I understand that the decision as to whether this application qualifies me for funding approval rests solely and exclusively with the San Antonio ENA Scholarship Committee, and that decision is final.

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Applicant Signature Printed Name Date