



*Lubbock Area*  
FOUNDATION

For good. For ever.

## The Advantage Medical Staffing Scholarship Fund

### **The Lubbock Area Foundation, Inc.**

The Lubbock Area Foundation, Inc. is an independent, non-profit, publicly supported, tax-exempt organization whose purpose is to help donors meet the existing and future needs of the area's educational, health, cultural, civic and charitable organizations. The Foundation's mission goes beyond social service and welfare; our donors are improving the overall quality of life in the South Plains area.

The Foundation administers a variety of charitable funds, including scholarships to assist area students with post-secondary educational expenses. The Foundation is pleased to administer the *Advantage Medical Staffing Scholarship Fund*, which is described below.

### **Purpose:**

This scholarship is intended for students pursuing a baccalaureate degree with a major in nursing. The annual award will be for \$1000. Recipients must maintain high enough grades that will allow them to stay in the nursing program. Past recipients will be eligible to reapply. The funds can be used for tuition, books, and fees only, and are paid directly to the college/university.

### **Eligibility Requirements:**

Students who are 25 years of age or older may apply for assistance through the Advantage Medical Staffing Scholarship Fund. These are competitive awards with the primary areas of consideration being:

- ❖ Focus to become a Licensed Vocational Nurse or Registered Nurse;
- ❖ Financial need; and
- ❖ Current enrollment or application for admission to a college/university in the Lubbock area.



### **Selection Process:**

- ❖ The Scholarship Advisory Committee will review completed applications and make recommendations to the Lubbock Area Foundation Board of Directors, which will make the final decision on the scholarship awards.  
Incomplete applications will not be considered.
- ❖ The Selection Committee will be comprised of a representative from Covenant School of Nursing, South Plains College School of Nursing, Texas Tech School of Nursing, Advantage Medical Staffing, and Lubbock Area Foundation.
- ❖ The recipient will be announced by May 30th.

### **Scholarship Fund Disbursement:**

- ❖ Scholarships will be awarded based on the availability of funds, and may be used for tuition, fees and required books.
- ❖ Scholarships will be paid to the institution of the recipient's choice, and not directly to the recipient.
- ❖ The amount of the award may cover all, or only a portion of the student's actual cost and all unused funds must be returned to the Lubbock Area Foundation.

### **Application Requirements:**

All scholarship applications must be completed in full and submitted by **April 15th**.

- ❖ 2 Letters of recommendation from non-family member
- ❖ Verification of enrollment or a copy of the letter of acceptance from the college or university
- ❖ A One-Page Essay: "What I plan to do with my nursing education."
- ❖ You must reapply or update your application for each semester that you would like to be considered for this scholarship.

Applications should be sent to:

**The Advantage Medical Staffing Scholarship Fund  
Lubbock Area Foundation  
1655 Main Street, Suite 202  
Lubbock, TX 79401**

**\*Please do not send the first two pages in with your completed application.**



# Advantage Medical Staffing Scholarship Application

GENERAL INFORMATION – (Please type or print)

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age now: \_\_\_\_\_

*(PLEASE NOTE: APPLICANT MUST BE 25 YEARS OF AGE OR OLDER TO QUALIFY.)*

Current Employer (if applicable) \_\_\_\_\_ Work Phone \_\_\_\_\_

Position \_\_\_\_\_

Employer's Address \_\_\_\_\_ Current Salary \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list your last three jobs, your job titles and dates of employment.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PERSONAL REFERENCES

Please list the name, address and phone number of two persons who have agreed to provide a personal reference for you and attach a letter from them to the Foundation supporting your application.

\_\_\_\_\_  
*Name Mailing Address Phone*

\_\_\_\_\_  
*Name Mailing Address Phone*



**FINANCIAL INFORMATION**

**(This section must be fully completed for your application to be considered.)**

**List names and ages of all other residents in household :**

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Monthly Household Income**

**List known or estimated monthly income in the semester for which this application is made.**

<b>From Your Employment</b>	\$ _____
<b>From Other Members of Household</b>	\$ _____
<b>From Any Other Source (alimony, child support, etc.)</b>	\$ _____
<b>Total Monthly Household Income From All Sources</b>	\$ _____

**Estimated Monthly Household Expenses**

**List known or estimated monthly expenses for the semester for which this application is made.**

<b>Housing/Utilities</b>	\$ _____
<b>Transportation</b>	\$ _____
<b>Food/Clothing</b>	\$ _____
<b>Medical/Insurance</b>	\$ _____
<b>Childcare:</b>	\$ _____
<b>Other: _____</b>	\$ _____
<b>Total Monthly Household Expenses</b>	\$ _____



ACADEMIC FINANCIAL PLANNING

Indicate what your academic expenses will be for the semester/quarter for which you are applying for this scholarship. This scholarship may be applied to tuition, books and fees only. Please submit a copy of the tuition and fee schedule from your school. You must reapply or update your application for each semester/quarter for which you wish to be considered.

Semester (*Check One*): Spring \_\_\_\_ Fall \_\_\_\_ School Year: \_\_\_\_\_

Status: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ # of Hours: \_\_\_\_\_

Tuition/Fees :\$ \_\_\_\_\_ Books:\$ \_\_\_\_\_

Student Financial Aid:

List all sources of financial aid you intend to receive for the semester/quarter this application will be considered. If you are not applying for these sources please indicate so with "N/A". If you have applied but do not know the amount of your award please indicate with "unknown".

From Loans \$ \_\_\_\_\_

From Scholarships \$ \_\_\_\_\_

From Pell Grants or other grants \$ \_\_\_\_\_

From Other Sources \$ \_\_\_\_\_

Total Semester/Quarter Financial Aid \$ \_\_\_\_\_

EDUCATIONAL HISTORY

List the high schools and colleges you have attended and the dates attended:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

What is the highest grade level you have attained? \_\_\_\_\_

Are you in school now? \_\_\_\_\_ If yes, where? \_\_\_\_\_

EDUCATIONAL GOALS

Have you been accepted to a program leading to a degree or certificate? \_\_\_\_\_

What school will you be attending? \_\_\_\_\_

What degree or certificate are you pursuing? \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_



