



# Tennessee Nurses Foundation

## RN to BSN Scholarship Program

### Scholarship Application

Date \_\_\_\_\_

#### BACKGROUND

Name \_\_\_\_\_  
First Middle Last Credentials

Home address \_\_\_\_\_  
Street City State Zip

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

How long have you been a member of the Tennessee Nurses Association? \_\_\_\_\_ TNA District # \_\_\_\_\_

RN License Number: \_\_\_\_\_ TNA Membership Number: \_\_\_\_\_

#### EDUCATION

Degree \_\_\_\_\_ Certification \_\_\_\_\_

#### EMPLOYMENT INFORMATION

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

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

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Previous Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Work Address \_\_\_\_\_  
Street City State Zip

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

Position \_\_\_\_\_ Dates of Employment \_\_\_\_\_

#### PROGRAM DETAILS AND SPECIFICS

I am a graduate of \_\_\_\_\_ School of Nursing. Year Graduated \_\_\_\_\_

I have been accepted into the \_\_\_\_\_ School of Nursing's RN to BSN program.

Program will begin on \_\_\_\_\_. Expected date for completion of course is \_\_\_\_\_

**PROGRAM DETAILS AND SPECIFICS – Continued**

List of expenses you plan to cover with scholarship and time span involved (i.e. one semester, calendar year, etc.)

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List all other sources of funding you now have or have applied for covering the time span involved. Indicate status of request, (I.E. granted for September 20\_\_\_; denied; pending receipt of federal funding, etc.)

<u>Source</u>	<u>Amount Requested</u>	<u>Status of Request</u>
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**OPINIONS**

1. Briefly describe how completion of this educational program will enable you to make a greater contribution to nursing.

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2. Describe plans for your career following completion of this program.

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3. How will your attainment of this degree benefit nursing in Tennessee in the future?

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**Please enclose the following:**

Please do not submit application without required documents attached. The submission deadline is ~~November 1~~ **Deadline extended until February 1, 2019.**

- Letter of acceptance from college nursing program
- Letter of reference from current employer or, if in school, from dean/director of school.
- Two personal letters of recommendation, one of which is a TNA member. NOTE: For help locating a TNA member, TNA District Board member contact information is at [www.tnaonline.org](http://www.tnaonline.org) under *District Associations*

**Mail or Fax to:**

Tennessee Nurses Foundation ♦ 545 Mainstream Drive, Suite 405 ♦ Nashville, TN 37228-1296

Fax: 615-254-0303 ♦ Questions: 615-254-0350 or email [tnf@tnaonline.org](mailto:tnf@tnaonline.org)