

**Overall educational and career goals; Include why you want to become a Nurse Practitioner and what you plan to do when you graduate. Be as specific as possible: (you may use additional paper if necessary.**

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**Please list other scholarships or financial aid you are currently receiving or anticipate receiving:**

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**Submit in ONE COMPLETE PACKET:**

1. Copy of current RN license **and** Proof of TNP membership. (We do not process TNP membership applications)
2. Previous or current **OFFICIAL Nursing Graduate transcripts ONLY (must be in sealed envelope from registrar; Do not print off University website) - DO NOT SEND UNDERGRADUATE TRANSCRIPTS.**
3. **A letter from the Program director** of your current program stating your current enrollment status/number of hours.
4. **Three Current Reference Letters:** Two professional and one personal regarding your application for **this** scholarship.
5. **Completed scholarship application.**
6. **You are responsible for sending all required materials together in one complete packet to:**  
*Texas Nurse Practitioner Foundation Scholarship Committee*  
**P.O. Box 2746**  
**Bryan, TX 77805-2746**
7. **Please send all correspondence to the above address.**  
**INCOMPLETE PACKETS WILL NOT BE CONSIDERED**

**AGREEMENT:**

I, \_\_\_\_\_ plan to use the scholarship from the Texas Nurse Practitioner Foundation Scholarship Fund for

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Signature

Date

**Completed packets must be postmarked by November 1 of each year to be considered for the scholarship.**

# TEXAS NURSE PRACTITIONER FOUNDATION SCHOLARSHIP APPLICATION

*Print application, fill out and mail to:*

TEXAS NURSE PRACTITIONER FOUNDATION  
P.O. Box 2746 Bryan, TX 77805-2746  
[www.tnpfoundation.org](http://www.tnpfoundation.org)

Please print or type:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, Apt#) (City) (State) (Zip)

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ email: \_\_\_\_\_  
Home Work

Current Texas RN License# \_\_\_\_\_ Exp. date \_\_\_\_\_ (Attach copy)

Current TNP membership # \_\_\_\_\_ Exp. date \_\_\_\_\_ (Attach copy/proof)

**Please check the scholarship category you are applying for:**

Masters \_\_\_\_\_ Postmasters certificate \_\_\_\_\_ Doctoral \_\_\_\_\_

Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_

Program Start Date \_\_\_\_\_ Anticipated Completion \_\_\_\_\_

Number of Graduate/Doctoral hours already completed \_\_\_\_\_

Number of Graduate/Doctoral hours currently enrolled in \_\_\_\_\_

Specialty Interest: \_\_\_\_\_

**Educational Background -- List Nursing Schools attended and degrees earned:**

Name of School	Years Attended	Major Degree Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **TEXAS NURSE PRACTITIONER FOUNDATION SCHOLARSHIP CRITERIA**

1. Applicant must be a Registered Nurse and licensed by the Board of Nurse Examiners for the State of Texas.
2. Applicants must be Texas Residents.
3. Applicant must have completed at least one semester of an accredited Masters Nurse Practitioner Program or Post Masters Certificate Nurse Practitioner Program or a Nurse Practitioner who has completed at least one semester of an accredited Doctoral Nursing Program. A letter of verification of current enrollment status must be included from the Program Director (stating whether enrolled part time or full time in the program).
4. Applicant must have a minimum cumulative GPA of 3.0 or higher. A higher GPA is taken into consideration in determining scholarship award.
5. Applicant must be a regular or student member of TNP (Texas Nurse Practitioners). Verification must accompany application.
6. Applicant must submit three (3) letters of reference; Two must be professional letters of reference, and one must be a personal letter of reference.
7. Applicant must submit OFFICIAL TRANSCRIPTS of Graduate Program(s). These should be in a sealed envelope – and sent with your entire packet. Please do not have the University send these directly to TNPF.
8. Each scholarship shall be a one-time monetary award.
9. Awardees will be notified by mail. Scholarships will be awarded directly to the individuals selected.
10. Applicant is responsible for mailing complete packet by the due date to the TNPF address:

TEXAS NURSE PRACTITIONER FOUNDATION  
P.O. Box 2746 Bryan, Texas 77805-2746

PACKETS DUE BY **NOVEMBER 1** OF EACH YEAR  
INCOMPLETE PACKETS WILL NOT BE CONSIDERED