

## APPLICATION INSTRUCTIONS

Print and complete the **Application Form** and return it by **MAIL/FAX-(713) 521-1169/Email: [scholarships@gsftx.org](mailto:scholarships@gsftx.org)** along with the following supporting documents before the application deadlines listed on our website: [www.gsftx.org](http://www.gsftx.org):

1. A **LETTER** answering all of the following questions:
  - a. **Why do you want to be a nurse?** How did you originally become interested in nursing as a career?
  - b. **What kind of nursing work do you plan on doing?** Where do you plan to practice nursing (i.e. where and what kind of facility)?
  - c. **What specialized field have you chosen?** PLEASE BE VERY SPECIFIC.
  - d. **Why do you need scholarship assistance?**
  - e. **Have you applied or been granted other scholarships?** If so, please answer the following:
    - Name of scholarship & grant
    - Amount you will receive
    - Which semesters
    - Will these scholarships / grants pay for books & tuition only?
  - f. **EVERYONE MUST ANSWER: Are you a U.S. Citizen?** If you are not a U.S. Citizen, what Nation/Country is your citizenship?
    - **Attention: All non-U.S. citizens MUST INCLUDE a copy of your Green Card/Work Permit along with your application. To qualify for our scholarship, you must be eligible to work in the U.S.**
2. A **LETTER OF RECOMMENDATION** on school or institution letterhead stationery from a current or past instructor, counselor, or dean. If letterhead stationery is not available, please ask them to provide a business card to accompany letter of recommendation. We need letters of recommendation to come from someone who knows you academically. **It is your responsibility to get the letter of recommendation to us.**
3. A **COPY** of your most recent **TRANSCRIPT** or note as to why you cannot send one. An unofficial Transcript is acceptable.
4. A **COPY** of your **IRS most recent W-2 Form** (**NOT** your Tax return) **and** the W-2 of whoever claims you as a dependent, (i.e. Spouse, parents, etc), or a brief note as to why you cannot send a copy of the W-2 form. A W-2 is the form that an employer sends you at the end of the year showing your yearly wages.
5. A **SMALL COLOR PHOTOGRAPH** or snapshot of yourself. A **Color Scan or photocopy** of driver's license is acceptable.
6. A current copy of your **RESUME**.

After you have assembled your application packet, be sure to look over this list to verify that you have included ALL of the required documents. We also recommend that you make a copy of your complete application packet for your own file. Only **complete application packets** will be considered.



**Circle which academic year and semester you are applying for:**

2011:	Spring	Summer	Fall
2012:	Spring	Summer	Fall
2013:	Spring	Summer	Fall
2014:	Spring	Summer	Fall
2015:	Spring	Summer	Fall

**Please complete all information.**

**Section I – Personal Information**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First Middle

School Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a U.S. Citizen? Yes  No  Nation/Country \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Name of Employer: \_\_\_\_\_ Hours per week: \_\_\_\_\_

**Section II – Education Information**

High School/GED Grad Name of high school: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA \_\_\_\_\_

Name of college attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_ GPA \_\_\_\_\_

Have you ever rec'd Good Samaritan financial assistance?  YES  NO If YES, Approximate dates \_\_\_\_\_

IF YES, Degree received: \_\_\_\_\_ School \_\_\_\_\_

I learned about Good Samaritan financial assistance from \_\_\_\_\_

List details of ALL OTHER financial assistance

Applied for or Granted \_\_\_\_\_

I will / am attending \_\_\_\_\_ Texas Nursing School

Current Degree pursuit (circle one) LVN ADN DN BSN MSN DSN PhD DNP

Specific Area of specialization \_\_\_\_\_

First Clinical Class begin / began \_\_\_\_\_ Anticipated date of graduation: \_\_\_\_\_  
(Month / Year) (Month / Year)

### Section III – Financial Information

#### Student (and Spouse) Financial Data

Gross annual household income \$ \_\_\_\_\_

#### Untaxed Income

Social Security Benefits \$ \_\_\_\_\_

Temporary Assistance \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Household income \$ \_\_\_\_\_

#### Household Information

Number of Family Members \_\_\_\_\_

#### Student (and spouse) Assets and Liabilities

Cash, Savings & Checking Accounts \$ \_\_\_\_\_

FAFSA Score \_\_\_\_\_

#### Parent(s) Financial Data

Gross annual household income \$ \_\_\_\_\_

#### Untaxed Income

Social Security Benefits \$ \_\_\_\_\_

Temporary Assistance \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Household income \$ \_\_\_\_\_

#### Household Information

Number of Family Members \_\_\_\_\_

#### Student (and spouse) Assets and Liabilities

Cash, Savings & Checking Accounts \$ \_\_\_\_\_

### Section IV – Certification

As an applicant and possible recipient, please check if you agree to the following:

I will maintain satisfactory school attendance, conduct record, and grades as required. I understand that my scholarship assistance from the Good Samaritan Foundation is only for semesters in which I am taking clinical nursing courses and only if my grades are acceptable. **I further understand that I may not use Good Samaritan funds to retake any course** and that my scholarship is subject to suspension if I do not promptly provide each semesters registration receipts showing courses, fee and final grades to satisfy my proper use of my scholarship.

I am submitting this application to the Good Samaritan Foundation because of financial need and because of my commitment to a career in nursing. In order to keep faith with the many people who have made this scholarship fund available, I agree:

- a. **To request less assistance if my financial resources improve, and**
- b. **To refund, if possible, the funds granted to me if I withdraw from nursing school for any reason.**

I authorize Good Samaritan Foundation to release my grades and/or information in this application to the scholarship committee or benefactor upon request.

I hereby give my permission for Good Samaritan Foundation to use my written words and photograph.

I Furthermore, in appreciation of the benefits I shall receive through this financial assistance, it is my intent, upon graduation, to become a member of the Good Samaritan Foundation by supporting its program with voluntary contributions in order to help another student nurse as I have been helped.

I hereby certify that the statements made in this application are true, complete, and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_