

INFORMATION ON SCHOLARSHIPS
OFFERED BY HEART OF TEXAS HOSPITAL AUXILIARY

The Heart of Texas Hospital Auxiliary offers two scholarship opportunities each year to graduates of the high schools in McCulloch County:

The **Lena Mae Land Scholarship** honors the memory of Lena Mae Land, who served as Director of Nursing for many years in the old Brady Hospital. Mrs. Land helped develop Brady's LVN training program and was instrumental in getting similar programs instituted across the state of Texas. This scholarship has been offered since 1978 and is open to any student interested in pursuing a career in Professional or Vocational Nursing or in Allied Health Care (e.g. Physician, Lab or X-ray Technology, Physical or Occupational Therapy, Respiratory Therapists, Dental Hygienists, Dietitians). Students receiving this scholarship receive \$250 each semester until they complete their training.

The **Betty Williams Scholarship** honors the memory of Betty Williams, a dedicated charter member of the Hospital Auxiliary, who volunteered 8000 hours during her 25 years of service to the Auxiliary. This scholarship is for students interested in pursuing certification or a college degree in Registered Nursing. Students receiving this scholarship receive \$350 each semester until they complete their training.

SCHOLARSHIP RULES:

- 1) A transcript of the applicant's high school record must accompany the application.
- 2) Upon receiving either of these scholarships, recipients are required to supply the scholarship committee with financial aid office information for the school they plan to attend, as the monies are sent directly to this office.
- 3) To continue receiving scholarship monies each semester, a student must send the Auxiliary Scholarship Chairman the previous semester's transcript and a copy of the next semester's class schedule/proof of enrollment. Students must maintain at least a 2.0 GPA each continuing semester.

Scholarship Application
Lena Mae Land Scholarship
(For students pursuing career in
any Health-Related Field)

RETURN
with High School
Transcript To:

Heart of Texas Hospital Auxiliary
Attn: Belinda Estes, D. Vickers
Scholarship Committee
2008 Nine Rd.
Brady, TX 76825

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Mailing Address) (Physical Address) (City, State, Zip)

(Phone #)

Date of Birth _____ U.S. Citizen yes () no () Social Security # _____

If you do not live with your parents, give name and address of guardian or person with whom
you live and length of residence:

(Name) (Address) (Length of residence)

Father or Male Guardian Mother
Name _____ Name _____

Occupation _____ Occupation _____

Salary _____ Salary _____

College/Training attended _____ College/Training attended _____

Business address _____ Business address _____

(If parents are divorced or separated, which parent do you live with?) _____

List brothers and sisters, their ages, and the schools they attend:

High School GPA _____ Which high school subject did you find most interesting? _____

Least interesting? _____ Most difficult? _____

List number of high school credits in each subject: English _____ Foreign Language _____

Math _____ Natural Sciences _____ Social Sciences _____ Career & Technology _____

List extracurricular activities in high school: (You may attach additional sheet if needed.)

Volunteer activities: _____

What college, university, or other school do you plan to attend? _____

What health-related career are you interested in pursuing? _____

On a separate sheet, provide a type-written letter/essay (about 300 words) telling why you have chosen a career in healthcare/service. Include this letter with your application.

What other financial assistance will you have? _____

Have you applied for any other scholarships? _____

Give the names and addresses of three responsible adults who are aware of your qualifications for a scholarship and who have consented to act as a reference:

(Name)	(Mailing Address)
_____	_____
_____	_____
_____	_____

Application approved by parent or guardian _____
(Signature) (Date)

Signature of Applicant _____
(Date)

Scholarship Application
Betty Williams Scholarship
(For students pursuing certification
or degree in Registered Nursing)

RETURN
with High School
Transcript to:

Heart of Texas Hospital Auxiliary
Attn: Belinda Estes, D. Vickers
Scholarship Committee
2008 Nine Rd.
Brady, TX 76825

Date _____

Name _____
(Last) (First) (Middle)

Address _____
(Mailing Address) (Physical Address) (City, State, Zip)

(Phone #)

Date of Birth _____ U.S. Citizen yes () no () Social Security # _____

If you do not live with your parents, give name and address of guardian or person with whom
you live and length of residence:

(Name)	(Address)	(Length of residence)
Father or Male Guardian		Mother
Name _____		Name _____
Occupation _____		Occupation _____
Salary _____		Salary _____
College/Training attended _____		College/Training attended _____
Business address _____		Business address _____

(If parents are divorced or separated, which parent do you live with?) _____

List brothers and sisters, their ages, and the schools they attend:

High School GPA _____ Which high school subject did you find most interesting? _____

Least interesting? _____ Most difficult? _____

List number of high school credits in each subject: English _____ Foreign Language _____

Math _____ Natural Sciences _____ Social Sciences _____ Career & Technology _____

List extracurricular activities in high school: (You may attach additional sheet if needed.)

Volunteer activities: _____

What college, university, or other school do you plan to attend? _____

What health-related career are you interested in pursuing? _____

On a separate sheet, provide a type-written letter/essay (at least 300 words) telling why you have chosen a career in registered nursing. Include this letter with your application.

What other financial assistance will you have? _____

Have you applied for any other scholarships? _____

Give the names and addresses of three responsible adults who are aware of your qualifications for a scholarship and who have consented to act as a reference:

(Name

(Mailing Address)

Application approved by parent or guardian

(Signature)

(Date)

Signature of Applicant

(Date)