

ALUMNI ASSOCIATION BRACKENRIDGE HOSPITAL SCHOOL OF NURSING

EDITH HUCK TURNER MEMORIAL SCHOLARSHIP

The Alumni awards scholarships to nursing students each year in memory of Edith Huck Turner, RN former Director of Brackenridge Hospital School of Nursing for 21 years.

ELIGIBILITY CRITERIA

1. Must be a United States citizen.
2. Academic status:
 - a. Must be enrolled as a part-time or full-time undergraduate student at the School of Nursing at the university of Texas at Austin or in the Associate Degree in Nursing Program at Austin Community College
 - b. Have completed 12 hours of study in nursing by the application deadline
 - c. Be in good standing in the course of study
 - d. Be enrolled in the nursing program for the following semester

SUBMITTING APPLICATION

1. Applications may be obtained from:
 - a. The Students Affairs Office at the School of Nursing, UT Austin
 - b. The Nursing Office at Austin Community College
 - c. Each school's web site or
 - d. From Evelyn Govro (address below)
2. The completed application should be accompanied by:
 - a. A personal statement describing your nursing career goals (500 words or less)
 - b. Two (2) letters of recommendation- at least one from a faculty member who can attest to your ability to succeed in the program
 - c. A copy of your latest transcript, including each college attended
 - d. If requested, proof that you are registered for the next semester
 - e. Proof of US citizenship (birth certificate-preferred)
 - f. List of yearly cost of books and tuition

IMPORTANT DATES AND DEADLINES

1. Application deadlines are March 1st for spring award and August 31st for the fall award.
2. Recipients will be notified in April for spring award. Awards will be given in May at a time and place to be announced.
3. Recipients will be notified in September for the fall award. The scholarship will be awarded at the annual October Alumni meeting. Recipients must be present to win.

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EDITH HUCK TURNER, BSN, RN, MEMORIAL SCHOLARSHIP

Name _____ Date _____

Social Security # _____

Present Address _____

Telephone _____

Permanent Address _____

Education/College/University presently enrolled _____

Degree sought _____

Expected date of graduation _____ Semester hrs of nursing completed _____

Community/Volunteer Activities:

Organization & Activities Dates

Work Experience (Begin with current employment)

Employer Address Dates Employed

Submit application and other requested documents to BHSON Scholarship Committee:

Evelyn Govro

2801 RR 165

Dripping Springs, TX 78621