# Scholarship Overview

The Texas Association of Vocational Nurse Educators (TAVNE) is dedicated to promoting evidence-based nursing education and the scholarship of teaching vocational nursing students in Texas.

In alignment with this mission, TAVNE is awarding two (2) faculty scholarships of $500 each in 2025. These scholarships support current TAVNE members employed at an approved vocational nursing school in Texas who are pursuing a higher degree with the intent of advancing their teaching careers in vocational nursing education..

**Eligibility Requirements**

 Applicants must meet the following criteria:

* Be a current member of TAVNE
* Hold a current Texas license as an LVN or RN
* Be employed as nursing faculty at an approved Vocational Nursing Program in Texas
* Be currently enrolled in an education program leading to a higher degree

## Application Checklist

*All requirements must be submitted for consideration for the scholarship.*

* Completed Application Form
* Essay (600 words maximum)
* Proof of Current Educational Enrollment (e.g., transcript or official letter from school)
* One (1) Letter of Recommendation from Program Director or Supervisor (maximum of two will be reviewed)

**Submission Instructions**

Submit all application materials **by October 1, 2025,** ***as a single PDF file*** via email to:

**Audrey Trull, MSN, RN**TAVNE Executive Board Member
📧 atrull@southplainscollege.edu
📞 806-716-4680

*Complete all sections of the application.*

# Personal Information Section

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TAVNE MEMBER: □ YES □ NO

Mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credentials (LVN, RN, etc.) \_\_\_\_\_\_\_\_\_\_Texas Nursing License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Position and Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Applicant Declaration

By signing below, I confirm that the information provided in this application is accurate and complete to the best of my knowledge. I authorize my program director or designee to verify my employment and enrollment as requested by the TAVNE Scholarship Committee.

I hereby release all such parties from any liability in connection with my application.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Essay Requirement

## Write an essay (600 words max) that addresses the following:

## Your current contributions to your vocational nursing program and TAVNE

## Your vision and goals for contributing to vocational nursing education in Texas and beyond

## A brief explanation of your financial need for the scholarship

## *Submit your essay as part of the single PDF application file.*

## LETTER OF RECOMMENDATION

 Include a letter of recommendation from your program director or supervisor. A second letter
 maybe submitted, but only two will be reviewed. Letters must be submitted in PDF format along
 with the application materials.

 **Proof of Enrollment**

 Provide documentation confirming current enrollment in a degree-seeking program (e.g.,
 unofficial transcript or official enrollment letter from your school). Include in the single PDF
 submission.

## Evaluation Criteria

## Applications will be reviewed and scored by the TAVNE Executive Board Scholarship Committee based on the following criteria:

| **Criteria** | **Points Available** |
| --- | --- |
| Documentation of eligibility (membership, license, employment, enrollment)1. Nursing License Number (committee verification)
2. TAVNE membership (committee verification)
3. Employed by approved School of Nursing (committee verification)
4. Proof of enrollment
 | 10 points |
| Reference letter quality and support1. Submission from program director or supervisor (PDF format) - 2 points
2. Strength and relevance of recommendation – up to 8 points
 | Up to 10 points |
| Essay presentation (typed, double spaced, PDF format) | 10 points |
| Essay grammar and spelling | 10 points |
| Essay content: quality, passion, commitment to TAVNE and nursing education | Up to 60 points |
| **Total Possible** | **100 points** |