# 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 support   1. 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** |