



Dear Non-Traditional Scholarship Applicant,

We are excited to be able to offer you an application for consideration for our non-traditional student scholarship. **To be considered for this scholarship you must first meet at least one of the following nontraditional criteria:**

- ☐ Delayed enrollment into postsecondary education
- ☐ Attending college part-time
- ☐ Works full time.
- ☐ Financially independent
- ☐ Has dependents other than spouse
- ☐ Single parent

If you **DO** meet one of the above criteria, you must fully complete the attached scholarship form and return it on or before the specified deadline listed below:

August 1, 2025

Clinical Medical Assistant
Dental Assisting

August 8, 2025

Medical Billing and Coding

September 19, 2025

Pharmacy Technician
Phlebotomy Technician

You must also check that you agree to the responsibilities for fulfilling the requirements to maintain the scholarship through the entirety of the course on which you are enrolling. **Please select course below:**

- | | |
|--|---|
| <input type="checkbox"/> Certified Nurse Aide | <input type="checkbox"/> Clinical Medical Assistant |
| <input type="checkbox"/> Medication Aide | <input type="checkbox"/> Dental Assisting |
| <input type="checkbox"/> Phlebotomy Technician | <input type="checkbox"/> Medical Billing and Coding |

Upon receipt of your application, a scholarship review committee will rate your application and schedule interviews for the applicants who qualify. After the interview process, partial scholarship funds will be awarded for up to 50% of the tuition cost. The program advisor will provide you with additional funding and/or payment plan options for the remaining tuition balance.

We look forward to reviewing your application. Please remember to submit your application **on or before the above deadline**. Applications received after the deadline will not be considered. Also, please make sure you complete the application in its entirety using legible handwriting.

At the bottom of the application, please fully complete the paragraph letting us know why you have chosen to pursue an allied health occupation. If you have any questions regarding the application or the process, please contact the Community and Business Education office at 903-823-3270.

Best regards,
Mendy Sharp
Executive Director of Community and Business Education



TEXARKANA COLLEGE

Community & Business Education Center

Continuing Education Allied Health Program(s)

Scholarship Application

If you have any questions or concerns, please contact Allied Health Coordinator Holli Easley at holli.easley@texarkanacollege.edu or call 903-823-3276.

Name (Last, First, MI): _____

DOB (MM/DD/YYYY): _____

Mailing Address, Street, City, State, Zip: _____

Email Address: _____

Phone Number: _____

Highest Level of Education (GED, HS Diploma) _____

Year achieved (if applicable) _____

Have you taken courses at Texarkana College prior to now?

Y ☐ N ☐

If so, what field(s)? _____

Do you have a known Texarkana College account balance?

Y ☐ N ☐

Office Use Only: Date Completed App. Submitted: _____

Are you currently employed? Y ☐ N ☐

If yes, please complete:

Full time or Part Time? _____

Name of employer? _____

Work days and hours? _____

Field? _____ Will

there be any conflict regarding the extensive amount of hours dedicated to training needed?

Y ☐ N ☐

If yes, explain: _____

If you are **NOT** employed, what will your plans be after receiving this certification?

Have you been in the Active Military or Reserves? Y ☐ N ☐

Which program interests you? (Check at least one).

- ☐ Certified Nurse Aide
- ☐ Clinical Medical Assistant
- ☐ Dental Assistant
- ☐ Medical Billing & Coding
- ☐ Medication Aide
- ☐ Pharmacy Technician
- ☐ Phlebotomy Technician

Do you agree to fulfill all of the pre-required documents and services needed for the program of interest?

Yes ☐ No ☐

Take any required tests if not provided above for appropriate programs

- Physical Evaluation
- TB Skin Test
- Drug Screening
- Receive necessary immunization shots, and provide Immunization Shot records
- Provide proof of CPR certification
- Provide copy of High School Diploma, Transcript, GED, and/or College Transcript
- Receive Background Check

If you refuse to do provide any of the following listed above pertaining to your certification, please list and explain:

Please check the annual income box that applies:

- ☐ Less than \$15,000
- ☐ \$15,000 - \$25,000
- ☐ \$25,000 - \$35,000
- ☐ \$35,000 - \$45,000
- ☐ Greater than \$45,000

Mark all that apply (non-traditional student criteria): ***Must meet at least one to be eligible for scholarship.***

- ☐ Delayed enrollment into postsecondary education
- ☐ Attends college part-time
- ☐ Works full-time
- ☐ Financially independent
- ☐ Has dependents other than a spouse
- ☐ Single parent
- ☐ None of these apply

To help us understand your personal achievements, aspirations, and determination, we request that you type a short essay within the range of 100-200 words (use last page for essay). Please follow the instructions below:

- 1. Length:** Compose your essay within 100-200 words. Remember to keep it concise and focused.
- 2. Format:** Type your essay using a legible font, such as Times New Roman or Arial, with a font size of 12 points. Use double spacing throughout the entire document to ensure easy readability.
- 3. Heading:** Include your name at the top of the page. This allows us to identify your essay accurately and differentiate it from others.
- 4. Content:** Use this opportunity to express your achievements, challenges overcome, passions, and future goals. Highlight how this scholarship would assist you in pursuing your educational dreams.
- 5. Proofread:** Before submitting, thoroughly review your essay for any grammar or spelling errors. A well-edited essay showcases your attention to detail.
- 6. Deadline:** Submit your essay by deadline provided to you. Late submissions will not be considered.

☐ By checking yes to this box, I hereby understand that I am responsible for fulfilling all of the necessary requirements listed above. I am also aware that by refusing to any of the requirements listed above, I am at a higher risk of not receiving this scholarship. If awarded this scholarship, I am aware that if my attendance exceeds 3 absences (see program attendance policy), this scholarship will be voided. I will not be eligible for certification and I will be responsible for the balance. I realize that it is my responsibility to submit required documents for the clinical externship by the deadline date scheduled by the Allied Health Coordinator and am aware that this scholarship will be voided if I do not meet the deadline date to submit these documents.

Sign: _____

Date: _____

Scholarship References

Please provide contact information for a professional or personal (non-family member) reference below:

Name: _____
Job Title, Place of Employment: _____
Email: _____
Phone: _____
Relation to you: _____

Name: _____
Job Title, Place of Employment: _____
Email: _____
Phone: _____
Relation to you: _____

Short Essay Section (100-200 Words):

Name: _____

Begin Typing:

SUBMIT