



Dear Non-Traditional Scholarship Applicant,

We are excited to be able to offer you the opportunity to apply 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 meet one or more of these criteria, please complete the attached scholarship application in full and return it by the appropriate deadline:

January 23, 2026

Certified Nurse Aide
Clinical Medical Assistant
Medical Billing and Coding

January 30, 2026

Phlebotomy Technician

February 27, 2026

Pharmacy Technician

What Happens Next:

Once we receive your application, it will be reviewed to determine if you are awarded a scholarship. Partial scholarships covering **up to 50%** of tuition may be granted. For any remaining balance, we will assist you with a four-month online payment plan (credit/debit card required).

Please submit your application **on or before the deadline listed above**. Late or incomplete applications will not be considered. Be sure to complete your application with a typed or legibly written essay on the last page explaining why you have chosen to pursue an Allied Health occupation.

If you have any questions, please contact the Community Education office at: 903-823-3270.

Best regards,
Holli Easley
Director, Community Education

This Area for Office Use Only:

Course Interest: _____

Enrollment Date: _____

Date Application Submitted: _____

Community Education Allied Health Programs

Non-Traditional Scholarship Application

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

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

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 an outstanding account balance at Texarkana College? Y ☐ N ☐

Are you currently employed? Y ☐ N ☐

If yes, please complete:

Full time or Part Time? _____

Name of employer? _____

Workdays and hours? _____

Field? _____

Will there be any conflict regarding the extensive number 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 ☐

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

Yes ☐ No ☐

The following tests are required for applicable 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.

Please provide a short essay (100-200 words) that highlights your personal achievements, aspirations, and determination. Type or write legibly on the space provided on the last page of this application and follow the instructions below:

1. Length: Compose your essay within 100-200 words. Remember to keep it concise and focused.

2. Format: Type or write 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. Well-edited essay displays 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 the necessary requirements listed above. I am also aware that by refusing to meet 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 three 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) references below:

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

Short Essay Section (100-200 Words). Use a separate sheet of paper for typed essay:

Name: _____

[illegible]

Thank you for completing your application. You will be contacted closer to the start date of your course. Please note that students must be officially enrolled to be eligible for the scholarship if selected.