DESCRIPTIONS OF THE TNSA PROJECTS

1. COMMUNITY HEALTH PROJECT AWARD: The purpose of the Community Health Project Award program is to: 1) foster development and implementation of community service on the local, state, and national level; 2) educate health care consumers about illness prevention; 3) early detection of disease and treatment options; and 4) promote community awareness about changes in community health.
    a. STATEWIDE PROJECT: "Earl's Team" community health. The TNSA Board of Directors decided, after reviewing many worthwhile projects, to choose Earl's Team" as these years 'state project.
2. BREAKTHROUGH TO NURSING AWARD: The purpose of the Breakthrough to Nursing Award program is to: 1) encourage recruitment and retention of students in nursing schools; 2) target nontraditional as well as traditional students; 3) use broad-based strategies including ethnic diversity, gender, and age; 4) promote transcultural awareness in nursing school and in the community at large; and 5) encourage and promote a mentorship program.
3. IMAGE OF NURSING AWARD: The purpose of the Image of Nursing Award program is to: promote a positive image of nursing and demonstrate a significant contribution to the public and/or community through image of nursing projects, community health projects, legislative activities, or Breakthrough to Nursing projects, and 2) demonstrate use of media coverage of the project or event. Media coverage may include print, television coverage, the Internet, or radio. Along with the usual criteria, all demonstration proof will need to be sent in as well as all copies of media coverage.
4. LEADERS OF PROMOTING HEALTH & ACTIVITY (ALPA) AWARD The resolution, entitled "In Support of the Implementation of the Annual Healthy Living Program Award" details that health and wellness include physical, emotional, mental, and spiritual components. Exercising habitually, drinking water consistently, sleeping on a basis, consuming a proper diet, and using stress reduction techniques such as meditation or yoga are ways in which we can promote health and wellness within ourselves. This award recognizes student nurses across Texas who have promoted health and wellness within themselves, for their peers, and for their community.
5. POLITICAL INVOLVEMENT AWARD The purpose of the Political Involvement Award is to: 1) educate nurses and nursing students about legislation that impacts on the nursing profession and the delivery of nursing services to the public; 2) increased awareness on the local, state, and national levels; and 3) promote communication and networking on legislative issues.
6. MEMBERSHIP RECRUITMENT AND RETENTION AWARD Recognition will be given to those chapters who: 1) are a new chapter with the (most) newest members; 2) an existing chapter with the greatest percentage of change in their respective membership over the last year (number of new members/number of total members X 100 = % increase); and 3) the chapter that recruits the most new members.
7. Chapter of the Year
8. Faculty of the Year
9. Student of the Year

TEXAS NURSING STUDENTS' ASSOCIATION

BREAKTHROUGH TO NURSING AWARD APPLICATION

PLEASE TYPE THE RELEVANT INFORMATION IN THE SPACES PROVIDED AND INCLUDE ANY MATERIALS RELEVANT TO THE PROJECT WITH SUBMISSIONS. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: BTN

CHAPTER NAME:

_____

SCHOOL NAME AND ADDRESS: CITY, STATE, ZIP

_____

_____

_____

PHONE NUMBER: _____

PROGRAMS AND PROJECTS DIRECTOR: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHAPTER PRESIDENT: _____

TITLE OF PROJECT: _____

LOCATION & DATE: _____

AUDIENCE (include): _____

NUMBER OF NURSING STUDENTS INVOLVED: _____

BRIEFLY DESCRIBE THE GOALS OF THIS PROJECT.

_____

_____

BRIEFLY DESCRIBE HOW THIS PROJECT WAS CONDUCTED.

_____

_____

WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT?

- Yes
- No

IF YES, INCLUDE CLIPPINGS OR VIDEO.

_____

WHY DO YOU FEEL THAT YOUR PROJECT SHOULD RECEIVE THIS AWARD?

_____

_____

_____

_____

TEXAS NURSING STUDENTS' ASSOCIATION, INC.

CHAPTER OF THE YEAR APPLICATION

PLEASE TYPE CHAPTER INFORMATION IN THE SPACES PROVIDED. IF ADDITIONAL ROOM IS NEEDED, COMPLETE ANSWERS ON A SEPARATE SHEET OF PAPER, TYPED AND DOUBLE-SPACED. ALL AWARD APPLICATIONS MUST BE SUBMITTED BY SEPTEMBER 30, 2026. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Chapter of the Year

SCHOOL NAME AND ADDRESS: CITY, STATE, ZIP

_____

_____

_____

NUMBER OF STUDENTS IN SCHOOL: _____

NUMBER OF TNSA MEMBERS: _____

NUMBER OF LOCAL MEMBERS: _____

PLEASE CHECK PRESENTLY SUBMITTED AWARD APPLICATIONS:

- STATE-WIDE BREAKTHROUGH TO NURSING AWARD
- STATE-WIDE MEMBERSHIP DRIVE AWARD
- IMAGE OF NURSING AWARD
- POLITICAL INVOLVEMENT AWARD
- OVERALL COMMUNITY HEALTH PROJECT AWARD

PLEASE CHECK THE FOLLOWING STATE COMMITTEES THAT YOUR LOCAL CHAPTER HAS BEEN INVOLVED ON A STATE OR LOCAL LEVEL. INCLUDE SUPPORTING DOCUMENTATION WITH APPLICATION.

- TPAPN
- FINANCE
- NOMINATIONS
- PUBLICATIONS
- POLICY
- MEMBERSHIP
- PROGRAMS
- AUCTION
- BREAKTHROUGH TO NURSING
- IMAGE OF NURSING
- RESOLUTIONS
- BYLAWS
- CONVENTION
- GOVERNMENTAL AFFAIRS
- TNA/TNSA COMMON INTERESTS AND GOALS

PLEASE LIST THE FUNDRAISING ACTIVITIES THAT YOUR CHAPTER HAS DONE AT THE LOCAL LEVEL. (INCLUDE DATES OF ACTIVITIES)

_____

_____

_____

LIST THE HEALTH OR COMMUNITY RELATED ACTIVITIES THAT YOUR LOCAL CHAPTER HAS PARTICIPATED IN. (INCLUDE DATES)

_____

_____

_____

SUBMITTED

BY: _____

PHONE: _____

E-MAIL: _____

TEXAS NURSING STUDENTS' ASSOCIATION, INC.

IMAGE OF NURSING AWARD APPLICATION

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Image of Nursing

CHAPTER NAME: _____

SCHOOL NAME AND ADDRESS, CITY, State, Zip

_____

_____

_____

PHONE NUMBER:

_____

PROGRAM & PROJECT DIRECTOR:

_____

PHONE NUMBER:

_____

E-MAIL ADDRESS:

_____

CHAPTER PRESIDENT: _____

TITLE OF PROJECT: _____

LOCATION & DATE: _____

_____

AUDIENCE (include #'s): _____

NUMBER OF NURSING STUDENTS INVOLVED:

_____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

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BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED:

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WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.

_____

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WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO RECEIVE THIS AWARD?

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TEXAS NURSING STUDENTS' ASSOCIATION, INC.

COMMUNITY HEALTH PROJECT AWARD APPLICATION

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Community Health Project

CHAPTER NAME: _____

SCHOOL NAME AND ADDRESS, City, State, Zip

_____

_____

_____

PHONE NUMBER: _____

PROGRAMS AND PROJECTS DIRECTOR:

_____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHAPTER PRESIDENT: _____

TITLE OF PROJECT: _____

LOCATION & DATE:

_____

AUDIENCE (include #'s)

_____

NUMBER OF NURSING STUDENTS INVOLVED: _____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

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BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED:

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WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.

_____

WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO RECEIVE THIS AWARD?

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TEXAS NURSING STUDENTS' ASSOCIATION, INC.

FACULTY OF THE YEAR APPLICATION FORM

PLEASE TYPE THE FOLLOWING INFORMATION IN THE SPACES PROVIDED. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Faculty of the Year

NAME OF FACULTY MEMBER:

_____

NAME OF SCHOOL: _____

1. IS THE FACULTY MEMBER A SUBSCRIBER MEMBER?

- YES
- NO

2. DOES THE FACULTY MEMBER PARTICIPATE IN COMMUNITY

SERVICE PROJECTS?

- YES
- NO

IF YES, PLEASE LIST PROJECTS:

_____

_____

3. WHEN IS THE FACULTY MEMBER AVAILABLE TO STUDENTS?

- DURING SCHOOL HOURS
- DURING SCHOOL HOURS AND CLINICAL HOURS
- BOTH OF THE ABOVE AND AT HOME

4. DOES THE FACULTY MEMBER PARTICIPATE IN FUNCTIONS FOR THE TNSA LOCAL CHAPTER? (i.e., BANQUETS, FUNDRAISING PROJECTS, ETC.)

- YES
- NO

IF YES, PLEASE LIST THE FUNCTIONS THAT THE FACULTY MEMBER HAS PARTICIPATED IN:

_____

_____

5. ON A SCALE OF ONE TO TEN RATE THE FACULTY MEMBER'S ABILITY TO EFFECTIVELY COMMUNICATE IDEAS AND CONCEPTS WITH THE STUDENTS.

SELDOM

1

2

OFTEN

3

4

5

6

ALWAYS

7

8

9

10

SUBMITTED BY: _____

PHONE:

_____

Please provide a one-page summary as to why you feel this faculty member should receive this award.

TEXAS NURSING STUDENTS' ASSOCIATION, INC.

STUDENT OF THE YEAR APPLICATION FORM

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED OR CIRCLE THE NECESSARY INFORMATION WHEN APPROPRIATE. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Student of the Year

STUDENT NAME: _____

NAME OF SCHOOL:_____

NAME OF INDIVIDUAL OR GROUP THAT IS SUBMITTING THIS APPLICATION:

_____

PHONE: _____

E-MAIL: _____

1. IS THE STUDENT AN ACTIVE MEMBER OF TNSA?

- o NO
- o YES, 1 YEAR
- o YES, 2 YEARS

2. DOES THE STUDENT CURRENTLY HOLD A POSITION ON THE TNSA BOARD OF DIRECTORS?

- o YES
- o NO

3. DOES THE STUDENT CURRENTLY HOLD A POSITION ON A STATE COMMITTEE?

- o YES
- o NO

4. IS THE STUDENT AN ACTIVE MEMBER OF THE LOCAL CHAPTER?

- o NO
- o YES, 1 YEAR
- o YES, 2 YEARS

5. DOES THE STUDENT CURRENTLY HOLD A POSITION ON THE LOCAL BOARD OF DIRECTORS?

- o YES
- o NO

6. DOES THE STUDENT CURRENTLY HOLD A POSITION ON A LOCAL COMMITTEE?

- YES
- NO

7. DOES THE STUDENT PARTICIPATE IN COMMUNITY SERVICE AND FUNDRAISING PROJECTS?

- YES
- NO

IF YES, LIST OF THE ACTIVITIES THAT THE STUDENT HAS PARTICIPATED IN:

_____

_____

PLEASE LIST THE PAST TNSA OFFICES HELD BY THE STUDENT:

_____

_____

LIST LOCAL, STATE AND NATIONAL ACTIVITIES THAT THE STUDENT HAS PARTICIPATED IN:

_____

_____

_____

IN THE SPACE BELOW, OR ON A SEPARATE PAGE, PLEASE SUMMARIZE WHY YOU FEEL THAT THIS STUDENT DESERVES THE TITLE OF STUDENT OF THE YEAR. INCLUDE HOW YOU FEEL THAT THIS STUDENT REPRESENTS THE SPIRIT OF NURSING THROUGH SERVICE, CHARACTER, AND ACADEMIC EXCELLENCE. PLEASE LIMIT SUMMARY TO 50 WORDS OR LESS.

TEXAS NURSING STUDENTS' ASSOCIATION, INC.

POLITICAL INVOLVEMENT AWARD APPLICATION

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Political Involvement Award

CHAPTER NAME: _____

SCHOOL NAME AND ADDRESS: City, State, Zip

_____

_____

_____

PHONE NUMBER: _____

PROGRAMS AND PROJECTS DIRECTOR:

_____

PHONE NUMBER:

_____

E-MAIL ADDRESS:

_____

CHAPTER PRESIDENT:

_____

TITLE OF PROJECT:

_____

LOCATION & DATE: _____

AUDIENCE (include): _____

NUMBER OF NURSING STUDENTS INVOLVED: _____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

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BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED:

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WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.

_____

WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO RECEIVE THIS AWARD?

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TEXAS NURSING STUDENTS' ASSOCIATION, INC.

LEADERS OF PROMOTING HEALTH & ACTIVITY (ALPHA) AWARD APPLICATION

PLEASE TYPE THE NECESSARY INFORMATION IN THE SPACES PROVIDED. INCLUDE ANY MATERIALS RELEVANT TO THIS PROJECT. COMPLETED SUBMISSIONS MUST BE RECEIVE BY SEPTEMBER 30, 2026.

SEND SUBMISSIONS TO: trisha.mims@gmail.com

Subject: TNSA AWARDS COMMITTEE: Leaders of Promotion Health and Activity

CHAPTER NAME: _____

SCHOOL NAME ANDADDRESS: City, State, Zip _____

_____

_____

PHONE NUMBER: _____

PROGRAMS AND PROJECTS DIRECTOR: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

CHAPTER PRESIDENT: _____

TITLE OF PROJECT:

LOCATION & DATE:

_____

AUDIENCE (include #'s)

_____

NUMBER OF NURSING STUDENTS INVOLVED: _____

BRIEFLY DESCRIBE THE GOALS OF THE PROJECT.

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BRIEFLY DESCRIBE HOW THE PROJECTS WAS CONDUCTED:

_____

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WAS THERE ANY MEDIA COVERAGE OF YOUR PROJECT? IF YES, PLEASE INCLUDE CLIPPINGS OR VIDEO COVERAGE.

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WHY DO YOU FEEL THAT YOUR PROJECT DESERVES TO RECEIVE THIS AWARD?

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