

# **LASN** Louisiana Association of Student Nurses

**Title:** Academic Scholarship

**Purpose:** To financially aid a student who demonstrates academic excellence, leadership, and contributes to the school, community, and nursing.

*The student must meet and provide the following information by September 1,, 2008 – Applications must be postmarked by September 15 2008*

- Criteria:**
1. Nursing grade of B or 3.0 on a 4.0 scale.
  2. An active NSNA/LASN member 6 months prior to the opening business meeting of annual convention. (*April 26, 2008*)
  3. Involved in student activities and/or student government. (Not necessarily an officer of these associations)
  4. Two letters of recommendation from nursing faculty which address the following: character, ethics, student performance both academically and clinically, and student's contributions to the school, community, and nursing.
  5. Completed scholarship application. This application must be typed or generated on your computer from forms provided through email or LASN website [www.lasn.org/](http://www.lasn.org/)
  6. Applicants will be interviewed by the Scholarship Committee on **Thursday, October 16, 2008** at the 54<sup>th</sup> annual LASN Convention.

**Academic Scholarship Application**

7. Email your application to [president@lasn.org](mailto:president@lasn.org), [Treasurer@lasn.org](mailto:Treasurer@lasn.org), and [BTN@lasn.org](mailto:BTN@lasn.org)
8. Make two (2) copies of the completed application. Keep one for yourself and submit the other copy to:

LASN  
*ATTN: Scholarship Committee*  
3808 Page Dr  
Metairie, LA 70003

# *LASN* Louisiana Association of Student Nurses

## Academic Scholarship

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone Number (     ) \_\_\_\_\_

School of Nursing \_\_\_\_\_

Graduation Date \_\_\_\_\_ School Phone \_\_\_\_\_

Cumulative GPA (based on 4.0 scale) \_\_\_\_\_

Last Semester GPA (based on 4.0 scale) \_\_\_\_\_

**(Official Sealed Transcript must be mailed directly from nursing school registrar.)**

Louisiana Resident Yes \_\_\_\_\_ No \_\_\_\_\_ US Citizen Yes \_\_\_\_\_ No \_\_\_\_\_

If not a US Citizen, Type of Visa held \_\_\_\_\_

Marital Status \_\_\_\_\_ No. of Dependent Children \_\_\_\_\_

During school, do you live: On Campus \_\_\_\_ Off Campus \_\_\_\_ w/Parents \_\_\_\_\_

Verification of Current Student Enrollment by Dean/Director of Nursing

Signature: \_\_\_\_\_

**Academic Scholarship Application**

List Professional Goals:

List Community and/or Civic Involvement on the attached Nursing Student Organization Activities form.

Verification of Good Standing with Student Nurse Association

Signature of Chapter President: \_\_\_\_\_

NSNA Membership Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>NURSING STUDENT ORGANIZATION ACTIVITIES</b>				
	<b>Name of Organization</b>	<b>National</b>	<b>State</b>	<b>School Chapter</b>
<b>Membership</b>				
<b>Elected Offices Held</b>				
<b>Committees Served On</b>				
<b>Committee Chairperson</b>				
<b>Served as Representative or Delegate</b>				
<b>Community Health Activities</b>				

Verification:

Faculty Advisor's Signature:

SNA President's Signature:

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**Before Mailing Please make sure the following documents are attached:**

- Two Letters of Recommendation attached
- Completed scholarship application
- Official Sealed Transcript (*mailed directly from nursing school registrar*)

You will be notified by an LASN Board Member prior to the convention, with an interview time and date.