

LASN Louisiana Association of Student Nurses

Title: Student Nurse of the Year Scholarship Award

Purpose: A monetary award and plaque are presented to the student that meets the criteria listed below if he or she is selected by the LASN Awards Committee which conduct the interviews. The LASN President is not eligible for this award.

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

- Criteria:**
1. The student must be a junior or senior level student in a diploma or BSN program, or in the last year of an AND/ASN program.
 2. An active NSNA/LASN member 6 months prior to the opening business meeting of annual convention. (*April 26, 2008*)
 3. Maintain an overall GPA of B or 3.0 on a 4.0 scale.
 4. Involved in student activities and/or student government. (Not necessarily an officer of these associations)
 5. Selected and endorsed by the student body or the Student Nurse Association Chapter and Faculty. Two letters of recommendation from nursing faculty are required which address the following: character, ethics, student performance both academically and clinically, and student's contributions to the school, community, and nursing.
 6. Written philosophy of nursing. Please include your goal, role/plan, education, research, values/ethics, practice, and future plans.
 7. Completed scholarship application. This application must be typed or generated on your computer from forms provided through email or LASN website www.lasn.org/

Student Nurse of the Year Scholarship Award Application

8. Applicants will be interviewed by the Scholarship Committee on **Thursday, October 16th** , at the 2008 LASN Convention.
9. Email your application to president@lasn.org, Treasurer@lasn.org, and BTN@lasn.org
10. 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

Student Nurse of the State Scholarship Award

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.)

Verification of Current Student Enrollment by Dean/Director of Nursing
Signature: _____

List Professional Goals:

List any honors or awards obtained since entrance into nursing:

What does LASN mean to you?

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 _____

NURSING STUDENT ORGANIZATION ACTIVITIES

	Name of Organization	National	State	School Chapter
Membership				
Elected Offices Held				
Committees Served On				
Committee Chairperson				
Community Health Activities				

Verification:

Faculty Advisor's Signature:

SNA President's Signature:



Before Mailing Please make sure the following documents are attached:

- Two Letters of Recommendation attached
- Philosophy of Nursing according to criteria
- 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.