**Title: Financial Need Scholarship**

**Purpose:**  To financially aid a student who is in good academic standing and demonstrates financial need.

***The student must meet and provide the following information by Thursday, September 17, 2020 .***

**Criteria:** 1. Cumulative GPA of a C or 2.5 on a 4.0 scale.

1. An active NSNA/LASN member by September 17, 2020.
2. Involved in student activities and/or student government. (Not necessarily an officer of these associations)
3. One letter 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.
4. Completed scholarship application. This application must be typed or generated on your computer from forms provided through email or LASN website www.lasn.org
5. Applicants will be interviewed by the Scholarship Committee on **Saturday, September 19, 2020 (9:00 AM to 3:00 PM)** via **Zoom**.
6. Email your application to president.lasn@gmail.com, [lasnvicepresident@gmail.com](mailto:lasnvicepresident@gmail.com) and [lasnregion1director@gmail.com](mailto:lasnregion1director@gmail.com)
7. Make two (2) copies of the completed application. Keep one for yourself and submit the other copy to: *https://www.lasn.org/scholarships*

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**(Official Sealed Transcript must be mailed or emailed directly from nursing school registrar. Postmarked by September 17, 2020.)**

**Verification of Good Standing within Student Nurse Association**

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

SNA Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NSNA Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_

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

Scholarship Questions  
(min. 250 words each)

Where do you see yourself in 5 years?

How do you plan on using nursing to better humanity?

# NURSING STUDENT ORGANIZATION ACTIVITIES

|  |  |  |
| --- | --- | --- |
| **Name of Organization** | **Offices Held** | **Indicate local, state, or national level** |
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**Before Mailing Please make sure the following documents are attached:**

* One Letter of Recommendation attached
* Completed scholarship application
* Official Sealed Transcript (*mailed or emailed directly from nursing school registrar*)

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