**Title: Student Nurse of the Year**

**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 Thursday, September 17, 2020 .***

**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.

1. An active NSNA/LASN member 6 months prior to the opening business meeting of annual convention ***(October 2020).***
2. Maintain an overall GPA of B or 3.2 on a 4.0 scale.
3. Involved in student activities and/or student government. (Not necessarily an officer of these associations)
4. 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.
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 **Saturday, September 19, 2020 (9:00 AM to 3:00 PM)** via **Zoom**.
7. Email your application to president.lasn@gmail.com, [lasnvicepresident@gmail.com](mailto:lasnvicepresident@gmail.com) and [lasnregion1director@gmail.com](mailto:lasnregion1director@gmail.com)
8. Make two (2) copies of the completed application. Keep one for yourself and submit the other copy to: *https://www.lasn.org/scholarships*

**Student Nurse of the Year**

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.)**

Louisiana Resident: \_\_\_\_\_\_\_ US Citizen: \_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

Where do you see yourself in 5 years?:

List and describe any honors or awards you have received:

List and describe involvement with community health projects.

What does LASN mean to you?

Why do you believe you should be elected for student nurse of the year?

# 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:**

* 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.