LACANE SCHOLARSHIP AWARD APPLICATION

Purpose:

The Louisiana Council of Administrators of Nursing Education (LACANE) offers this award to support registered nurses returning to school to pursue a Baccalaureate Degree in Nursing.

Award:

LACANE will award \$500.00 each Fall to provide financial support to a registered nurse pursuing a Baccalaureate Degree in Nursing at an accredited nursing program in the state of Louisiana. Interested applicants should review requirements to determine eligibility. All qualified applicants are encouraged to apply.

Award Criteria:

- 1. Hold a current, unrestricted license to practice as a Registered Nurse in Louisiana.
- 2. Unconditional admission in a Louisiana based RN to BSN nursing program that is nationally accredited by the NLNAC/ACEN or CCNE and is a current member of LACANE.
- Cumulative GPA 3.0 reflected on an *official* academic transcript (transcript may be sent from the Registrar's office to Dr. Lisa Broussard electronically (<u>lisabroussard@louisiana.edu</u>) or mailed to:
 UL Lafayette College of Nursing and Allied Health Professions
 P.O. Box 43810
 Lafayette, LA 70504
- 4. Validation of Louisiana residency by attachment of copy of driver's license, voter registration or evidence of residency.
- 5. Resume reflecting professional leadership and service.
- 6. A 250-500 word personal essay highlighting motivation to pursue a Baccalaureate Degree in Nursing.
- **All supporting documents and applications must be submitted <u>electronically</u> by *October 15, 2013* to LACANE Scholarship Committee Chair: Dr. Lisa Broussard, lisabroussard@louisiana.edu.

All information must be completed to be considered for the LACANE Scholarship. Incomplete applications will not be considered.

Semester Applying for (e.g. Fall 2013)	_
Name: (last, first, middle initial)	
Home Address:	
City, State, Zip:	
Phone:RN License Expiration Date:	
School Email:Secondary Email:	
Current enrollment in a Louisiana based RN to BSN nursing program that is nationally accredited by the CCNE and is a current member of LACANE. Please indicate the Nursing Program in which you are currentled:	
My signature certifies that all information reported on this form is truthful and accurate. I also certify thunderstand all information listed on this form.	at I have read and
Applicant Signature Date	_

Application Checklist

For Co	ommittee Use Only	Applicant #
	Validation of Louisiana Residency (Driver's license, voter registrati	on or evidence of residency)
	Professional Resume reflecting professional leadership and commu	nity service.
	Personal essay (250-500 words) highlighting motivation to pursue a nursing.	Baccalaureate Degree in
	Official academic transcript	