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.
3. Cumulative GPA 3.0 reflected on an official academic transcript (transcript may be sent from the Registrar’s office to Dr. Lisa Broussard electronically (lisabroussard@louisiana.edu) 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 electronically 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 NLNAC or CCNE and is a current member of LACANE. Please indicate the Nursing Program in which you are currently enrolled: ____________________________

My signature certifies that all information reported on this form is truthful and accurate. I also certify that I have read and understand all information listed on this form.

________________________________________  ___________________
Applicant Signature      Date
For Committee Use Only

Applicant #________________

____  Validation of Louisiana Residency (Driver’s license, voter registration or evidence of residency)

____  Professional Resume reflecting professional leadership and community service.

____  Personal essay (250-500 words) highlighting motivation to pursue a Baccalaureate Degree in nursing.

____  Official academic transcript