



**LOUISIANA NURSES
FOUNDATION**

*The Mollie C. and Larene B.
Woodard Nursing Scholarship*

SCHOLARSHIP INFORMATION

Spring, 2009

**Louisiana Nurses Foundation
5713 Superior Drive, Suite A-6
Baton Rouge, Louisiana 70816
Phone: (225) 201-0993
Fax (225) 201-0971**

Eligibility and Criteria – Form I

THE LOUISIANA NURSES FOUNDATION

The Mollie C. and Larene B. Woodard Nursing Scholarship

This nursing scholarship, administered by the Louisiana Nurses Foundation, is provided through the generosity of Mr. E. Scott Woodard, Sr. in memory of Mollie C. Woodard and in honor of Larene B. Woodard. The Louisiana Nurses Foundation does not receive administration fees, as designated funds will be used solely for scholarships.

The scholarship award is based upon eligibility and financial need. Funds will be administered to fund the commitment to each student for the entire length of the nursing program's clinical component: \$2,500 each semester enrolled full time in the clinical component of the program (4-5 semesters). If enrolled in a quarterly system, \$5,000 per year will be divided equally among the quarters.

The scholarship will be available to Louisiana nursing students to attend a state approved and SACS accredited school of nursing of their choice in Louisiana, or in a state that borders Louisiana, that prepares students to become Registered Nurses.

Payments will be made directly to the recipient's school by the Louisiana Nurses Foundation. Funds shall be used to pay academic expenses only: tuition, fees, and assist in payment of books.

Scholarships will be distributed based on availability of funds.

Forms II and III must be returned together for a student to be considered for a scholarship. *Please read the instructions very carefully.* Note: Form II must be notarized, and include the notary's seal. Form III requires the signature of a Nursing Program Administrative official.

The Louisiana Nurses Foundation will inform all recipients initially, and of their ongoing eligibility to receive scholarship funds.

ELIGIBILITY CRITERIA

The recipient must,

- Be a current resident of Louisiana.
- Present documentation of admission to a nursing program accredited by the Southern Association of Colleges and Schools (SACS) and approved by the respective state board of nursing as a nursing education program that prepares students to become a **Registered Nurse**.
- Be enrolled full time (or equivalent nursing course load) in the clinical component of the nursing curriculum – provide documentation along with that of admission to a nursing program.

(Continued)

ELIGIBILITY CRITERIA – CONTINUED:

- Have a grade point average (GPA) of at least 3.00 on a 4 point scale, as verified by student records (official transcript) – Complete Form III.
- Have documented financial need as determined by the LNF Scholarship Selection Committee – Complete Form II – and provide a copy of financial aid notification.
- Maintain a GPA of 2.7 or better as a nursing student, with **documentation submitted to the LNF each semester** in order to continue receiving the scholarship.
- Continue in normal academic progression toward graduation within their nursing program.

Loss of Scholarship

The scholarship will be withdrawn for any of the following reasons:

1. Failure to maintain the required grade point average
2. Resignation or “dropping out” of the school of nursing program
3. Placement on disciplinary status or on academic probation

It is the **scholarship recipient’s responsibility** to notify the LNF Scholarship Selection Committee of any extenuating circumstances that may affect the recipient’s normal progression within their curriculum – especially if dropping or repeating a course, or “stopping out.” Failure to do so may jeopardize continued scholarship support.

Non Discrimination Policy

The Louisiana Nurses Foundation does not discriminate on the basis of race, color, national origin, age, religion, sex or disability in admission to, access to, treatment or employment in its programs and activities as required by Title VI and Title VII of the Civil Rights Act of 1964, Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, Title IX of the Education Amendments of 1972; Executive Order 11246, Section 503 and 5045 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974 and the 1990 Americans with Disability Act, and the Civil Rights Act of 1991.

Form II – Continued:

Financial aid notification: Please include a copy of the financial aid notification that you received from your Program’s Student Financial Aid Office. If you do not have this form you need to apply to www.fafsa.ed.gov, the federal financial student aid program. If you have any difficulty, please contact the financial aid office for assistance at your educational institution.

Applicant Name	Signature	Date
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Notary Name	Signature	Date
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Notary Official Seal:

Applications will be reviewed and processed, with timely notification of acceptance directly to recipients.

Return the application (Forms II & III), Official Academic Transcript, and financial aid notification to:

**The Louisiana Nurses Foundation;
5713 Superior Drive, Suite A-6; Baton Rouge, LA 70816.**

Attention: LNF Scholarship Selection Committee Chair.

Questions? Contact 225-201-0993. Email: lsna@lsna.org

WOODARD NURSING SCHOLARSHIP

Form III

VALIDATION OF APPLICANT'S ACADEMIC STATUS

This form must be completed by a Nursing Program Administrative Official or scholarship application will not be considered complete.

Deadline: Postmarked by July 01, 2009

1) Applicant's Name: _____

2) Current Status/Classification: _____

Full-time _____ Part-time _____

(A full-time student is usually an undergraduate enrolled in 12 or more credits or taking all required courses available in their program of study)

3) Cumulative GPA: _____ Nursing GPA: _____

4) Nursing Course Hours Completed: _____

5) Number Nursing Course Hours This Semester/Quarter: _____

6) Number Nursing Course Hours Next Semester/Quarter: _____

7) Official Current Cumulative Academic Transcript IS Attached: _____

Signature of Nursing Program Administrative Official

Date

Administrative Official's Name and Title (please print)

To Scholarship Applicants:

On the reverse side of this page, write a brief paragraph describing your motivation for choosing the Nursing major, and summarize your professional goals.

To the best of my knowledge and belief, there is no reason that would prevent my being eligible to receive the above-named scholarship. The *LNF Scholarship Selection Committee* has my permission to share my documents and academic information for the purpose of verifying my eligibility for this scholarship. I understand that I must be enrolled in a school of nursing and continue to meet all scholarship criteria. I have read and accepted this statement and understand that incomplete applications will not be considered.

Applicant Signature

Date

Return completed Forms II & III as stated to the **Louisiana Nurses Foundation;**
5713 Superior Drive, Suite A-6, Baton Rouge, LA 70816. Attention: LNF Scholarship Selection Committee Chair. Questions? Phone: 225-201-0993.