



LAMAR STATE COLLEGE-ORANGE
Linda Kennedy Memorial
 SCHOLARSHIP APPLICATION

Please Type or Print Neatly in Ink

Scholarship applications must be returned to the Dean of Health Sciences & Workforce Technology by
 January 31, 2017

Minimum Grade Point Average: 2.0 on 4.0 scale

Must be an LVN or LPN enrolled in the LSC-O Upward Mobility RN Program with at least five years nursing experience. Texas or Louisiana residents, both male and female students are eligible to apply.

Name _____ Student R800 Number _____

Street Address _____

City _____ State _____ Zip _____

Major Field of Study _____ Number of Hours Currently Enrolled _____

EDUCATIONAL INFORMATION

High School Graduate _____ GED _____

High School Attended _____ Graduation Date _____

City _____ State _____ GPA _____ Class Rank _____

List honors, awards, clubs/organizations, extracurricular activities, etc. _____

Please attach documented proof of five years work experience as an LVN/LPN.

List of all colleges attended (including LSC-O) _____

List honors, awards, clubs/organizations, extracurricular activities, etc. _____

* Submit copy of transcript from school list attended (including LSC-O) with application *

FINANCIAL INFORMATION

Employment Status _____ Full time _____ Part time _____ Not currently employed
Place of employment _____
Employer's Address _____
City _____ State _____ Zip _____ Phone _____
Number living in household (including yourself) _____

Monthly Income:

Taxable \$ _____

Non-Taxable (child support, family support, social security, etc.) \$ _____

Total Income \$ _____

Monthly Expenses

Housing \$ _____

Automobile \$ _____

Food \$ _____

Other \$ _____

Total Expenses \$ _____

Difference (income minus expenses) \$ _____

*** DETERMINING CONSIDERATION ***

List any information you feel would be beneficial to the selection process, particularly those relating to your financial need and/or disabilities: _____

Why did you choose the nursing field? _____

CERTIFICATION

If granted a scholarship, I hereby certify that I will be a student at Lamar State College-Orange while participating under the scholarship program and I authorize Lamar State College-Orange and the Upward Mobility RN Program to release information pertaining to my award to news media and other interested parties. I certify that all information herein is true and correct.

Student Signature _____ Date _____

Only completed forms will be considered. A TSUS/EO Institution