



8100 Highway 71 South | Alexandria, LA 71302 Phone: (318) 473-6423 | Fax: (318) 473-6534

Lettie Pate Whitehead Scholarship Application

Student Informa	ation			
FIRST NAME	LAST NAME	MI	STUDENT ID NUMBER	
 Be a female Be of Christian Be enrolled at program Must have a v If selected for Must have fin 		's Nursing degree y LSUA pleted 2021-2022 FAFS	e program or enrolled in the Bachelo	r of Nursing
Semester applying for	-:			
requirements does no per term for 100% onl received and applican after submitting an ap	It guarantee receipt of the award. ine. Awards will be made on a fir t meets all required criteria at the oplication, then you must submit a	The award amoust come, first sere time of review, a new application	n of this application and meeting the unt will be a maximum of \$500 per s ved basis in the order that complete until all available funds are exhauste for re-consideration. Students seek ney desire to be considered for an a	semester, \$250 ed applications are ed. If you register ing a Lettie Pate
understand all informati	on listed on this form. I authorize th	ie LSUA Financial A	truthful and accurate. I also certify tha id and Scholarship Office to provide any on, such as religious affiliation, as may b	agency that
Student Signature If submitting via the button	below place social security number, otherw	wise a handwritten siç	nature is required.	