



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 oleted 2020-2021 FAFS	e program or enrolled in the Bacheld	or of Nursing
Semester applying for	7:			
requirements does no per term for 100% on received and applican after submitting an ap	ot guarantee receipt of the award. line. Awards will be made on a fir t meets all required criteria at the oplication, then you must submit a	The award amount of the aw	n of this application and meeting the unt will be a maximum of \$500 per 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 king a Lettie Pate
understand all informat	ion listed on this form. I authorize th	e LSUA Financial A	truthful and accurate. I also certify the id and Scholarship Office to provide any on, such as religious affiliation, as may be	agency that
Student Signature If submitting via the button	below place social security number, otherv	vise a handwritten siç	nature is required.	