



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 very lift selected for Must have fin 		s Nursing degree LSUA bleted 2023-2024 FAFSA	program or enrolled in the Bachelor of	Nursing
Semester applying for	r:			
Religious Affiliation				
requirements does no Awards will be made of meets all required crit application, then you	ot guarantee receipt of the award. On a first come, first served basis interia at the time of review, until al	The award amounthe order that on the order that of a lawailable funds and re-consideration	of this application and meeting the about will be a maximum of \$1000 per serompleted applications are received and are exhausted. If you register after substances to be considered for an award.	nester. d applicant mitting an
understand all informat	ion listed on this form. I authorize the	e LSUA Financial Ai	truthful and accurate. I also certify that I h d and Scholarship Office to provide any age n, such as religious affiliation, as may be re	ency that
Student Signature (handwritten)			Date	