



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

Lettie Pate Whitehead Scholarship Application

Student Inform	nation			
FIRST NAME	LAST NAME	MI	STUDENT ID NUMBER	
 Be a female Be of Christi Be enrolled program Must have a If selected for 		Nursing degree pr LSUA eted	t: rogram or enrolled in the Bachelor of Nursing	
	esident of one of the following states		IS, NC, SC, TN, VA	
Semester applying f				
Religious Affiliation	ı			
requirements does r Awards will be made meets all required co application, then you	not guarantee receipt of the award. e on a first come, first served basis in riteria at the time of review, until all	The award amoun the order that cor available funds are re-consideration.	of this application and meeting the above at will be a maximum of \$1000 per semester. It will be a maximum of \$1000 per semester. It will be applications are received and applicant e exhausted. If you register after submitting an Students seeking a Lettie Pate Whitehead be considered for an award.	t
understand all informa	ation listed on this form. I authorize the	LSUA Financial Aid a	uthful and accurate. I also certify that I have read an and Scholarship Office to provide any agency that such as religious affiliation, as may be required by t	
Student Signature (handwritten)			Date	