

LAMBDA PSI NU SCHOLARSHIP POLICY

I. PURPOSE AND OBJECTIVE: To provide guidelines for the scholarship process to the Lambda Psi Nu Executive Board, Local Board of Directors, Lambda Psi Nu members and any qualifying affiliates.

II. POLICY STATEMENT:

A. The Lambda Psi Nu, LLC will award scholarships to provide financial support for nurses and/or nursing students currently in an undergraduate and/or graduate school.

III. LAMBDA PSI NU, LLC SCHOLARSHIPS PROCEDURE

A. A total of (2) **LAMBDA PSI NU NURSING SORORITY, LLC** scholarships will be granted per calendar year. ONE scholarship will be granted in the spring semester and ONE scholarship are granted in the fall semester.

B. The Lambda Psi Nu Executive Team each year based on the financial status of the organization and the recommendations of the Scholarship Program Committee will decide the dollar amount for each scholarship.

C. The scholarship recipient can use the scholarship money for expenses related to their nursing education and clinical/healthcare related education.

D. The scholarship recipient must accept or decline their scholarship within the time frame indicated on the scholarship offer notice from Lambda Psi Nu Nursing Sorority, LLC Scholarship Committee.

- Failure to do so will render the scholarship offer invalid and the scholarship will no longer be available to the named recipient. The scholarship committee will then re-award the scholarship to the next applicant who met the requirements.

Lambda Psi Nu Scholarship Application

Name: _____

Address: _____

Email: _____ Phone: _____

COLLEGE/SCHOOL

College/School Name: _____

College Address: _____

College Website: _____

Major/Department: _____

GPA/Scholarship/Awards: _____

SCHOLARSHIP REQUIREMENT (Please Submit the following)

- A. Letter of recommendation
- B. Current GPA
- C. Current Transcripts
- D. Essay explaining scholarship need-500 words or less
- E. List COMMUNITY SERVICE ACTIVITIES, HOBBIES, INTERESTS, EXTRACURRICULAR ACTIVITIES
- F. Deadline: May 1st yearly

CERTIFICATION

By your signature below, you are affirming that all information you have provided is true and complete to the best of your knowledge.

Applicants Signature: _____ Date: _____

Approved By: _____ Date: _____

Denied By: _____ Reason: _____