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**Tuition Reimbursement for Racial and Ethnic Minority RNs Pursuing PCFNP**

***APPLICATION DEADLINE: Wednesday, January 7, 2015***

**PURPOSE:**

The *Louisiana Action Coalition (LAC) in collaboration with Louisiana State University Health Science Center New Orleans (LSUHSC-NO) and Southern University and A&M College Baton Rouge (SUBR) schools of nursing* offers this award in an effort to transform the nursing profession to improve access to health care and meet the needs of diverse populations.

**AWARD:**

The goal of this award is to provide financial support to racial and ethnic minority registered nurses pursing graduate education for preparation as a Primary Care Family Nurse Practitioners. The award is made on a **competitive basis** to professional nurses enrolled in an accredited graduate family nurse practitioners program at LSUHSC or SUBR. This award will be offered for the 2015 Spring Semester. The award is for **tuition only** to defray academic expenses.

Recipients will be selected based on the established criteria and the commitment to work in a medically underserved or health care shortage area of Louisiana. All applicants will be notified of the committee’s decision no later than Friday, January 23, 2015. Financial arrangements for this award will be managed through the LSUHSC-SON.

**REQUIREMENTS:**

The application must be completed in entirety, with hard copy received by the published **DEADLINE of January 7, 2015**. The recipients will agree to provide academic progress updates and upon program completion, provide data on employment and related professional activities for a period of two years following the award.

**APPLICANT QUALIFICATIONS:**

1. Hold a current, unencumbered license to practice as a Registered Nurse in Louisiana.
2. Only racial and ethnic minority students pursuing a PCFNP nursing education track and are in agreement to work in an underserved area as repayment for loan may apply.
3. Be admitted without conditions/fully matriculated in a Louisiana-based graduate nursing program at LSUHSC or SUBR School of nursing.
4. Evidence of a cumulative grade point average (GPA) of 3.0 or greater (on a 4.0 point scale) on all **graduate** coursework as reflected on an official academic transcript.
5. Using the posted *Application Reference Form*, provide two (2) signed & completed confidential professional reference forms: one (1) from an immediate supervisor in the employment setting, and one (1) from a graduate nursing faculty member who can attest to potential for success in completing graduate study, and commitment to nursing.
6. Validation of Louisiana residency by attachment of copy of driver’s license or voter registration. (If residency is unclear, additional information/documentation may be requested.)
7. Provide dates on which the academic program will begin or began, along with the projected date for degree completion.

**DEADLINE DATE:**

**Copies of the 2014 completed application and ALL supporting documentation must be received by the stated DEADLINE of January 7, 2015.**

**No faxed materials will be accepted, nor will late applications be reviewed. Note the *Scholarship Application Checklist* and *Required Attachments* provided with application materials. If you have questions, contact**

**SEND ALL COMPLETED MATERIALS TOGETHER TO APPLICABLE UNIVERSITY:**

**LSUHSC Student Applicants:**

Louisiana Health Sciences Center –New Orleans, School of Nursing

Scholarship Committee- Attention Dr. Denise Danna, Associate Dean

1900 Gravier Street

New Orleans, LA 70112

**SUBR Students Applicants:**

Southern University and A&M College School of Nursing Graduate Programs Scholarship Committee - Attention. Dr. Cheryl Taylor Dept. Chairperson

Bldg. 170 Swan Street

P.O. Box 11794

Baton Rouge, LA 70813

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**APPLICATION**

**Personal Information:**

**Applicant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Residence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell#)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Nursing Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name (PRINT) Signature Date**

**SCHOLARSHIP APPLICATION CHECKLIST**

* Checklist must be completed and accompany application
* Forms must be placed in the order listed on checklist that follows:

\_\_\_ *Personal Information* and *Scholarship Application Checklist* - This page.

\_\_\_ *Verification of Graduate Program Admission* Form

\_\_\_ *Applicant’s Biographical Narrative* Form – including *Funding History/Financial Resources*

**ATTACHMENTS:**

\_\_\_ Documentation of Louisiana Residency – Copy of driver’s license OR voter registration

\_\_\_ **Two References** - One Employer and one Academic.



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**VERIFICATION OF ELIGIBILITY**

## Are you a racial or ethnic minority registered nurse?

## \_\_\_\_\_\_Yes (identify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_No

## Do you currently hold an unencumbered license to practice as a registered nurse in Louisiana? \_\_\_\_Yes \_\_\_\_\_No

## Are you a current resident of Louisiana as evidenced by copy of driver’s license or voter registration? \_\_\_\_\_ Yes \_\_\_\_\_No

## Are you currently unconditionally admitted and enrolled LSUHSC-SON or SUBR-SON graduate nursing program pursuing a PCFNP ?

##  \_\_\_\_\_LSUHSC \_\_\_\_\_ SUBR

1. I agree to work in a medically underserved or health professional shortage area for a period of (one half (1/2) year for each $3,000 tuition reimbursement).

 \_\_\_\_\_\_Yes \_\_\_\_\_NO

## Do you hold current membership in a Registered Nurse Professional Association?

## (Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## \_\_\_\_\_ Yes Membership date: \_\_\_\_\_\_\_\_\_\_\_

##  \_\_\_\_\_ No



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**VERIFICATION OF GRADUATE PROGRAM ADMISSION**

1) Applicant’s Name (Print or Type):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Current Status in Graduate Nursing Program: Full-time\_\_\_\_\_\_\_ Part-time\_\_\_\_\_\_

 (A full-time graduate student is typically enrolled in a minimum of 9 credit hours.)

 3) Graduate Cumulative GPA:\_\_\_\_\_\_\_\_\_

4) This student is currently enrolled in a graduate nursing program designed to prepare nurse as a Family Nurse Practitioner.

Anticipated Degree: \_\_\_\_\_\_\_\_\_\_\_ Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) This student has been admitted without conditions/fully matriculated in a Louisiana-based graduate nursing program that is nationally accredited by the NLNAC \_\_\_\_\_ or CCNE\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature* of Nursing Program Administrative Official Date**

**Administrative Official’s Name and Title (please print)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name and Complete Mailing Address of College/University School of Nursing**



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***A*pplicant’s Biographical Narrative**

1. EDUCATIONAL HISTORY List post-high school education, *beginning with the most recent*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** | **Location-City/State** | **Dates Attended** | **Degree/Diploma /Certification** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. EMPLOYMENT HISTORY List past RN employment, *beginning with the most recent*

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates of employment** | **Employer/Agency** | **Position-Major Responsibilities** | **Location City, State** |
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|  |  |  |  |
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###### PROFESSIONAL ACTIVITIES

**a.)List professional organizations of which you have been/are currently a member, any offices held, and extent of your involvement**.

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION & DATES** | **OFFICE** | **INVOLVEMENT** |
|  |  |  |
|  |  |  |

**b.) List any honor societies, civic organizations, or charitable/community groups of which you are currently a member and state type and extent of your involvement**

|  |  |  |
| --- | --- | --- |
| **ORGANIZATION & Dates** | **OFFICE** | **INVOLVEMENT** |
|  |  |  |
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1. FUNDING HISTORY/FINANCIAL RESOURCES: List any fellowships, scholarships, loan funds, other resources for which you have applied and/or will receive.

|  |  |  |
| --- | --- | --- |
| **Name** | **Date**  | **Amount** |
|  |  |  |
|  |  |  |
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**PERSONAL STATEMENT:**

**Using 250 words or less, describe who you are, where you are going professionally, and your motivation and goals for pursuing a graduate degree as a family nurse practitioner. Include any relevant information regarding the significance of this Award in your pursuit of graduate nursing degree. (Please type - You may continue on a separate page.)**

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