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is proud to accept applications for the

**Jo Ellen Smith Memorial Scholarship**

*“ My basic desire to be a nurse, idealistic if necessary, who cares about her patients as persons, with individual rights and treats them as such.”--Jo Ellen Smith*

Jo Ellen Smith gave her life in service to the needy of the New Orleans area. She was a nursing student when on one of these missions of mercy, her life was ended. That was 1973. The Jo Ellen Smith scholarship fund was established in honor of her heroism, to help deserving students who share in Jo Ellen’s philosophy and have chosen to study for careers in health care. **Awards are made on the basis of academic excellence and involvement in community services**. This promotes the continued availability of excellent local medical practitioners through local medical institutions.

**Application Requirements**

**JO ELLEN SMITH MEMORIAL SCHOLARSHIP**

***Deadline: April 1, 2015* DESCRIPTION**

Every spring partial scholarships are awarded to deserving students in qualified nursing programs. Scholarships are awarded for **tuition only,** commencing with the fall semester. Scholarships are not automatically renewed, and must be applied for each year.

**APPLICANT'S QUALIFICATION**

The student must:

1. Be a legal resident of Louisiana.

2. Be a U.S. citizen.

3. Be enrolled full-time in a **Louisiana** health-care program.

**4. Have completed at least one semester in a qualified nursing school.**

**5. Be a current applicant for educational financial assistance at the institution where enrolled.**

**SELECTION**

The scholarship committee will evaluate all applicants and make the selections for scholarship recipients. Scholarships will be awarded to those students who obtain the highest cumulative scores in the evaluation process after consideration of the criteria listed below:

*1. GPA of 3.0 or higher.*

*2. Outstanding tuition obligation.*

*3. Evidence of efforts to minimize outstanding tuition obligation.*

*4. Involvement in extracurricular community service activities.*

**HOW TO APPLY**

Applicants **must** complete **all sections** of the application form. The application must be accompanied by the following:

**1. Official Transcripts.**

**2. Two Letters of recommendation from college or university.**

**3. Proof of financial position**

a) Student Aid report.

b) Complete description of all financial aid now being received, including whether the aid is reimbursable or non-reimbursable.

5**. Personal essay describing student's:**

a) Professional goals.

b) Family background.

c) Community involvement.

d) Circumstances contributing to financial need.

e) Efforts to minimize outstanding tuition obligations, such as job, work study, scholarships, etc.

***Deadline: April 1, 2015***

The scholarship committee reserves the right to reject any applications postmarked after the deadline.

If you have any questions, please contact Allie Betts at allie@gnof.org or 504.598.4663.

**JO ELLEN SMITH MEMORIAL SCHOLARSHIP**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Address:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Current Marital Status: \_\_Single \_\_ Married\_\_Separated\_\_ Divorced \_\_Widowed

Total Family Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of dependents in Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of dependents in Grades K-12: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Must attach current transcript***

Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Anticipated Cost per semester: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Tuition:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Books:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course/Lab Supplies:\_\_\_\_\_\_\_\_\_\_\_\_\_

 Housing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of financial aid from other sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This includes awards, grants and scholarships)

Specify other sources:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you receive a TOPS award? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If not, please explain with attached documentation.

Scholastic Achievements (attach documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular Achievements (attach documentation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note: attach current transcript, two (2) character reference letters and proof of financial position. Please include person’s name, title, occupation, address and phone numbers.**

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit related to the scholarship process is complete, accurate, and true to the best of my knowledge**. I also understand that furnishing false information may result in the *revocation of my scholarship*.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date