



Pat Lopez Bachelor of Science in Nursing Scholarship

Scholarship Application

Date: _____

This scholarship is available to students currently in or accepted to a BSN program.

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Employer: _____

Have you applied for other grants or assistance? YES NO

Are you currently in your BSN program? YES NO

If yes, where? _____

If no, do you start in the upcoming term? YES NO

Please include with this application a letter of reference from a current employer or teacher.

Note that scholarships are only awarded to students who are already in their BSN program or starting in the upcoming term. As an applicant, we ask that you intend to work in Lincoln/Lancaster County for a minimum of 2 years following graduation.

Submit this application along with a reference letter by email to admin@lcmsne.org
or mail to LCMS at 8230 Beechwood Drive, Lincoln NE 68510.
Call 402-483-4800 with any questions.

For office use only

Date application received: _____

Approved: _____ Denied: _____

Total approved: _____

Amount paid: _____ Date: _____ Check #: _____

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