



## 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](mailto:admin@lcmsne.org)  
or mail to LCMS 301 S 70<sup>th</sup> Street, Suite 340 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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Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_