

**BETA MU CHAPTER
OF
LAMBDA PI ALPHA SORORITY
CHICAGO, ILLINOIS**

Dear Director of Nursing and Nursing Student Applicant,

Lambda Pi Alpha is an African American nursing sorority that was founded in 1930 at MeHarry Medical College School of Nursing, Nashville Tennessee. The Beta Mu Chapter of Lambda Pi Alpha was organized in 1934 at Provident Hospital, Chicago, Illinois.

The Sorority's primary goal is to raise the professional standards of nursing. We are accomplishing this by establishing scholarships for nursing students, stimulating registered nurses to continue their education, and participating in community activities.

The Sorority would like to inform the students and faculty in your school of our desire to award a minimum of a \$1,000.00 scholarship to a deserving upper level undergraduate nursing student currently enrolled in a B.S.N. or A.D. N. program.

In order to qualify for our scholarship, the student must:

- 1) Submit a recent official school transcript showing a GPA of at least 3.0 on a 4.0 scale. 2) Your permanent residence must be within the State of Illinois*
- 3) Submit a typed statement of reason or desire to receive this scholarship 4) Submit three (3) letters of recommendation, one of which must be from a nursing faculty member.*
- 5) Be an undergraduate student who has completed at least one semester of nursing coursework.*
- 6) Have completed a minimum of 20 hours of community service*
- 7) Successfully completed an interview with the scholarship committee.*

Kindly duplicate and distribute as many copies of this letter, and the attached application form as needed. Completed application forms, letters of recommendation, and official transcripts should be mailed to:

**Beta Mu Chapter Lambda Pi Alpha Sorority
P.O. Box 178052
Chicago,IL. 60617-4699**

APPLICATION DEADLINE DATE: April 30TH OF THE CURRENT YEAR

**FOR MORE INFORMATION, PLEASE VISIT OUR WEBSITE AT
www.lambdapialpha.org**

BETA MU CHAPTER
OF
LAMBDA PI ALPHA SORORITY
UNDERGRADUATE APPLICATION FOR SCHOLARSHIP

NAME: _____ TELEPHONE#: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____ CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ MARITAL STATUS: _____

NUMBER OF DEPENDENTS: _____ ETHNIC BACKGROUND _____

UNIVERSITY/COLLEGE OF NURSING _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

YEAR IN SCHOOL: _____ CURRENT G.P.A. _____ (PLEASE ATTACH AN OFFICIAL TRANSCRIPT)

WHAT IS YOUR ENROLLMENT STATUS?

A. FULL TIME

B. PART TIME

C. RN CONTINUATION (PLEASE LIST PREVIOUS SCHOOL OF NURSING: _____)

ARE YOU CURRENTLY RECEIVING FINANCIAL

ASSISTANCE? _____

HOW DID YOU HEAR OUT ABOUT OUR

SCHOLARSHIP? _____

LIST THREE REFERENCES (ONE OF WHOM MUST BE A NURSING FACULTY MEMBER)

NAME &

ADDRESS _____

NAME &

ADDRESS _____

NAME &

ADDRESS _____

SIGNATURE OF APPLICANT _____ **DATE** _____