

**LAMBDA PI ALPHA SORORITY
SCHOLARSHIP APPLICATION**

NAME _____ **TELEPHONE NUMBER** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PLACE OF BIRTH _____ **NUMBER OF DEPENDENTS** _____

NAME OF UNIVERSITY _____ **NUMBER OF YEARS IN THE
SORORITY** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

YEAR IN SCHOOL _____ **CURRENT GRADE POINT AVERAGE** _____
(please attach transcript)

ARE YOU: full time _____ **part time** _____

**ARE YOU CURRENTLY RECEIVING FINANCIAL ASSISTANCE SUCH AS
GRANTS OR SCHOLARSHIPS** _____ **IF SO, PLEASE LIST THEM.**

**LIST THE NAMES OF THREE REFERENCES, ONE OF WHOM MUST BE A
FACULTY MEMBER. LETTERS OF RECOMMENDATION SHOULD BE
ATTACHED.**

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

NAME _____
ADDRESS _____

LAMBDA PI ALPHA SORORITY
BETA MU CHAPTER
CHICAGO, ILLINOIS

Dear Dean, School of Nursing/ Potential 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 **\$1,500.00 scholarship** to a deserving junior level undergraduate nursing student in a B.S.N. or A.D.N. program who is in need of financial assistance. The sorority is especially interested in assisting African American students toward completion of a course of study in professional nursing.

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

- 1). Show outstanding academic performance in their studies of nursing (A GPA of at least a B average)
- 2). Submit a written statement of reason or desire to receive this financial scholarship.
- 3). Obtain three (3) letters of recommendation, one of which must be from a nursing faculty member.
- 4). Be an undergraduate student who will be entering their junior or senior year.

Kindly duplicate and distribute as many copies of this letter, and the attached application form as needed. Completed application forms, letters of recommendation, copies of transcripts of work completed toward the current program, and inquires should be mailed to:

Leretha R. Thomas
3912 West 76th Place
Chicago, IL. 60652

APPLICATION DEADLINE DATE: APRIL 30th of the current year